Racine City & County Continuum of Care (WI-502)
c/o HALO
2000 DeKoven Avenue, Unit #1
Racine, WI 53403

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Please not the most efficient way to use this document is to use the bookmark screen.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. 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; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Continuum of Care for the City & County of Racine (WI-502), Collaborative Applicant: Homeless Assistance Leadership Org.

Project Name: PSH Racine 2026; HALO SSO FY2026; HALO Transitional Housing FY2026; APOMO FY2026; Transitional Housing; Racine CoC ICA Coordinated Entry; Racine CoC HMIS; CoC Planning Grant FY2026,

Location of the Project: Racine County (559101); Racine (555424)

Name of the Federal Program to which the applicant is applying:

US Dept. of HUD, Community Planning & Development CPD-2600-DC-0025

Name of Certifying Jurisdiction: City of Racine

Certifying Official of the Jurisdiction
Name:

Title:

Signature: Date:

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions to help navigate e-snaps.
- 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 from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/29/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	WI0077
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Center for Veterans Issues, Ltd.
b. Employer/Taxpayer Identification Number (EIN/TIN):	39-1712359
c. Unique Entity Identifier:	N6Y6WWPEDW24
d. Address	
Street 1:	3400 W. Wisconsin Ave,
Street 2:	
City:	Milwaukee
County:	Milwaukee
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53208
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Kasdorf
Suffix:	
Title:	Director of Permanent Supportive Housing
Organizational Affiliation:	Center for Veterans Issues, Ltd.
Telephone Number:	(414) 431-2324
Extension:	

Fax Number: (414) 342-1073
Email: justin.kasdorf@cvivet.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Wisconsin

15. Descriptive Title of Applicant's Project: PSH Racine 2026

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) WI-001, WI-004

b. Project: (for multiple selections hold CTRL key) WI-001

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Greg
Middle Name:	
Last Name:	Fritsch
Suffix:	
Title:	President
Telephone Number: (Format: 123-456-7890)	(414) 759-8328
Fax Number: (Format: 123-456-7890)	(414) 342-1073
Email:	Greg.Fritsch@cvivet.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 2/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Center for Veterans Issues, Ltd.
Prefix:	Mr.
First Name:	Greg
Middle Name:	
Last Name:	Fritsch
Suffix:	
Title:	President
Organizational Affiliation:	Center for Veterans Issues, Ltd.
Telephone Number:	(414) 759-8328
Extension:	
Email:	Greg.Fritsch@cvivet.org
City:	Milwaukee
County:	Milwaukee
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53208

2. Employer ID Number (EIN): 39-1712359

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $273,448.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
USDOL	Grant	$5,000.00	Education and Training
Rental Income	Program Income	$180,000.00	Operations

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: Greg Fritsch, President

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

Date Signed: 09/29/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Center for Veterans Issues, Ltd.

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 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:	Mr.
First Name:	Greg
Middle Name	
Last Name:	Fritsch
Suffix:	
Title:	President
Telephone Number: (Format: 123-456-7890)	(414) 759-8328
Fax Number: (Format: 123-456-7890)	(414) 342-1073
Email:	Greg.Fritsch@cvivet.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Center for Veterans Issues, Ltd.

Name / Title of Authorized Official: Greg Fritsch, President

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

Date Signed: 09/29/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Center for Veterans Issues, Ltd.
Street 1:	3400 W. Wisconsin Ave,
Street 2:	
City:	Milwaukee
County:	Milwaukee
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53208

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:	Mr.
First Name:	Greg
Middle Name:	
Last Name:	Fritsch
Suffix:	
Title:	President
Telephone Number: (Format: 123-456-7890)	(414) 759-8328
Fax Number: (Format: 123-456-7890)	(414) 342-1073
Email:	Greg.Fritsch@cvivet.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1K. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: Center for Veterans Issues, Ltd.

Prefix: Mr.

First Name: Greg

Middle Name:	
Last Name:	Fritsch
Suffix:	
Title:	President
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X

7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Every item was prepopulated with a check mark, We were not able to remove the check marks. The only change we have made is to the budget, reflecting an increase to our grant amount since the last application.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
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?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. 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 either the Expansion or 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.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

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 renewal project application requesting to consolidate or expand? 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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WI0077
2. CoC Number and Name:	WI-502 - Racine City & County CoC
3. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
4. Project Name:	PSH Racine 2026
5. Project Status:	Standard
6. Component Type:	PH
6a. Select the type of PH project.	PSH
7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?	No
8. Does this project include Replacement Reserves as a CoC Operating Cost? (Attachment Requirement)	No
9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
10. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

CVI serves as the CoC's Coordinated Entry (CE) access point for veterans experiencing homelessness in Racine County, and the CVI project is the only Racine CoC veteran-preference project. Participants are selected from the CE Prioritization List based on highest service needs (score on local assessment tool). The project provides PSH services to 18 single, homeless disabled adults in an 18-unit, one-bedroom, CVI-owned apartment building with common areas and laundry amenities, pairing permanent housing with treatment, recovery, and supportive-service participation requirements, consistent with 24 CFR 578.75(h), designed to support residents' progress toward self-sufficiency and independent living. All units are DedicatedPLUS, serving individuals experiencing chronic homelessness and others who meet HUD's DedicatedPLUS criteria for long-term homelessness and severe service needs; veterans are prioritized. Approximately 90% of participants have remained in PSH more than a year; more than 50% are addressing two or more physical/mental health conditions; and 75% are 55 years of age or older. This population — predominantly 55 and older with multiple health conditions — is the group HUD's elderly/disabled preference and DedicatedPLUS bed dedication are intended to serve with long-term supportive housing, consistent with 24 CFR 578.37(a)(1)(i).

The case manager assists the veteran in developing and updating a person-centered service plan based on assessed needs for independent living, and connects, coordinates, and monitors the appropriate services to support the participant's housing stability, self-sufficiency, and other individually identified goals. Intensive individualized case management attention is given to support participant efforts toward independent living and strengthening life skills, and participants are encouraged and supported in efforts to increase employment income and participate in the labor force at their level of ability, including workforce development and work therapy opportunities. All participants with substance use disorders will be required to engage in treatment. The project location is ideal for taking walks, with accessible public transportation to Lake Michigan, parks, beaches, museums, community festivals/events, shopping, community engagement, volunteer activities, and other community resources.

Project services – directly and/or via referral – include medication management; relapse prevention support; crisis intervention; health care, mental health, and substance-abuse treatment and recovery services; financial management; life skills training; education assistance; employment/work therapy and workforce development; aftercare referrals; veterans' benefits; SNAP, and other mainstream resources. Veterans are connected to: VAMC (intensive mental health, substance abuse, and related health services, Milwaukee), Community-based Outreach Clinic (CBOC, mental health, Racine County) and HUD-VASH, as appropriate; Racine County Veterans Resource Center (VRC/CVI, veteran counseling/benefits; SSVF, computer lab, and legal services); Veterans Outreach (furniture, food); Veterans Motorcycle Club (food); and CoC member services. Non-veterans are connected to community resources and CoC member services.

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		Survivors	X
Veterans	X	Substance Use Disorders	X
Youth (under 25)		Mental Illness	X
Families with Children		HIV/AIDS	X
		Chronic Homeless	X
		Other(Click 'Save' to update)	X

Other: Physical Disability

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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

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

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.G.8).	DedicatedPLUS

4A. Supportive Services for Program 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		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

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: 18
Total Beds: 18
Total Dedicated CH Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	18	18

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

1. Housing Type: Clustered apartments

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

a. Units: 18

b. Beds: 18

2c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 18

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

3. Address:

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

Street 1: 1113 College Avenue

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53403-1963

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

555424 Racine, 559101 Racine County

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	18	0	18

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	18		18
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	18	0	18

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	3	15	0	12	0	12	10	10	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	3	15	0	12	0	12	10	10	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

VAWA Budget

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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	No
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	No
3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X
Rural	

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.

6D. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$68,362
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$68,362

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

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

Rent

1b. Estimate the amount of program income that will be used as Match for this project: $68,362

Type	Source	Contributor	Value of Commitments
Cash	Private	Center for Vetera...	$68,362

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Center for Veterans Issues, Ltd.
4. Amount of Written Committment:	$68,362

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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 (Enter)	$0
2. Rental Assistance (Screen 6C)	$0
3. Supportive Services (Enter)	$75,233
4. Operating (Enter)	$186,844
5. HMIS (Enter)	$0
6. VAWA (Enter)	$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$262,077
9. Admin (Up to 10% of Sub-total in #8)	$11,371
10. HUD funded Sub-total + Admin. Requested	$273,448
11. Cash Match (From Screen 6D)	$68,362
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$68,362
14. Total Project Budget for this grant, including Match	$341,810

The minimum required Total Match amount for the Grant Term is $68,362.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Center for Veterans Issues, Ltd.

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	X

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Agency/Department/Major Function	Indirect Cost Rate	Type of Direct Cost Base	Type of Rate
U.S. Department of Labor	34%	Modified Total Direct Costs	Provisional

Submission Type: Update

Effective Date: 11/14/2025

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Mr.
First Name:	Greg
Middle Name:	
Last Name:	Fritsch
Suffix:	
Title:	President
Telephone Number: (Format: 123-456-7890)	(414) 759-8328
Fax Number: (Format: 123-456-7890)	(414) 342-1073
Email:	Greg.Fritsch@cvivet.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 11/14/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Indirect Cost Rat...	07/28/2023
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate Agreement

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. 2501-0044
(expires 02/28/2027)

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: Greg Fritsch

Date: 09/29/2026

Title: President

Applicant Organization: Center for Veterans Issues, Ltd.

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
1A. SF-424 Application Type	09/29/2026
1B. SF-424 Legal Applicant	09/29/2026
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/29/2026
1E. SF-424 Compliance	09/29/2026
1F. SF-424 Declaration	09/29/2026
1G. HUD 2880	09/29/2026
1H. HUD-50070	09/29/2026
1I. Cert. Lobbying	09/29/2026
1J. SF-LLL	09/29/2026
1K. SF-424B	09/29/2026
Submission Without Changes	09/29/2026
Recipient Performance	09/29/2026
Renewal Grant Consolidation or Renewal Grant Expansion	09/29/2026
2A. Subrecipients	No Input Required
3A. Project Detail	09/29/2026
3B. Description	09/29/2026
3C. Dedicated Plus	09/29/2026
4A. Services	09/29/2026
4B. Housing Type	09/29/2026
5A. Households	09/29/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/29/2026
6D. Match	09/29/2026
6E. Summary Budget	No Input Required
Indirect Cost Information	09/29/2026
7A. Attachment(s)	No Input Required
7B. Certification	09/29/2026

U.S. Department of Labor

Office of the Senior Procurement Executive
Office of the Assistant Secretary for Administration and Management
Washington, DC 20210

1/27/2023

Attn: President / CEO
Center for Veterans Issues, Ltd
3400 West Wisconsin Ave
Milwaukee, WI 53208-3841

Dear Mr. Garza:

Enclosed is a copy of the FYE 12-31-2021Negotiated Indirect Cost Rate Agreement (NICRA). This document reflects an understanding reached by the Center for Veterans Issues, Ltd and the U.S. Department of Labor (USDOL) concerning indirect costs use on grants and contracts funded by the USDOL and other Federal agencies.

Please sign and date the agreement. The signed agreement must also be emailed back to the cost negotiator noted below. Since the agreement does not become effective until it is signed by a duly authorized Center for Veterans Issues, Ltd (CVI) representative, please give this matter your immediate attention.

The CVI indirect cost rate proposal, for FYE 12/31/2022, is due by 6/30/2023. The proposal must be supported by the appropriate documents listed in the applicable checklist for nonprofit/commercial or state/local entities. Ensure that **no** personal identifiable information (PII; Ex. social security numbers) is submitted with the proposal. Please email the proposal to the cost negotiator noted below.

If you have any questions, please contact Ronald Goolsby of my staff at (312) 886-5247 or at goolsby.ronald@dol.gov.

Sincerely,

RONALD GOOLSBY Digitally signed by RONALD GOOLSBY
Date: 2023.01.27 12:09:08 -06'00'

for
Victor M. López, Chief
Cost & Price Determination Division
Strategy & Administration Office/OSPE/OASAM
200 Constitution Avenue, N.W., S-1510
Washington, DC 20210
Tel: 202-693-4106; Email: lopez.victor@dol.gov
Office Website

Enclosures

NEGOTIATED INDIRECT COST RATE AGREEMENT

NON-FEDERAL ENTITY
Center for Veterans Issues, Ltd
3400 West Wisconsin Ave
Milwaukee, WI 53208-3841

EIN: 39-1712359

DATE: 1/27/2023
FILE REFERENCE: This replaces the agreement dated 11/3/2021

The indirect cost rate(s) contained in this Agreement are for use on grants, contracts, and other agreements with the Federal Government. This Agreement was negotiated by **Center for Veterans Issues, Ltd** (non-Federal entity) and the **U.S. Department of Labor** in accordance with the authority contained in the Federal Acquisition Regulation (FAR) for commercial entities, or Title 2 of the Code of Federal Regulations, Part 200 for nonprofit and state/local entities. This Agreement is subject to the limitations in Section II, A, below.

When applicable, the rates presented in this Agreement may only be applied to: (1) cost-reimbursement contracts and (2) actual costs for materials in time-and-materials (T&M) contracts. Any indirect rates for labor costs in T&M, labor-hour and fixed-price contracts must be negotiated with the Contracting Officer during pre-award in accordance with FAR Part 15.404-1(c).

SECTION I: RATES

TYPE	APPROVAL	FROM	TO	RATE	BASE	LOCATION	APPLY TO
Indirect	Final	01/01/2021	12/31/2021	39.79%	MTDC-2	Loc-1	AP-1
Indirect	Provisional	01/01/2022	12/31/2023	39.79%	MTDC-2	Loc-1	AP-1

(SEE SPECIAL REMARKS)

BASE
MTDC-2: Total direct costs excludes equipment, rental costs, capital expenditures, charges for patient care, tuition remission, scholarships and fellowships, participant support costs and the annual portion of each subaward and subcontract in excess of $25,000.

LOCATION
Loc-1: All Locations

APPLY TO
AP-1: All Programs

TREATMENT OF FRINGE BENEFITS: Fringe benefits are specifically identified to each employee and/or are charged individually as direct or indirect cost (as applicable). See Special Remarks section of this Agreement for more details.

TREATMENT OF PAID ABSENCES: Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

SECTION II: GENERAL

A. LIMITATIONS

Use of the rate(s) contained in the Agreement is subject to all statutory or administrative limitations and is applicable to a given Federal award or contract only to the extent that funds are available. Acceptance of the rate(s) agreed to herein is predicated upon the following conditions:

1. No costs other than those incurred by the non-Federal entity or contractor were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the non-Federal entity and allowable under the governing cost principles.

2. The same costs that have been treated as indirect costs have not been claimed as direct costs.

3. Similar types of costs have been accorded consistent treatment.

4. The information provided by the non-Federal entity or contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate by the Federal government. In such situations, the rate(s) may be subject to renegotiation at the discretion of the Federal government.

5. The rates cited in this Agreement are subject to audit.

6. Indirect costs charged to Federal grants/contracts by means other than the rate(s) cited in this Agreement should be adjusted to the applicable rate(s) cited herein and be applied to the appropriate base to identify the proper amount of indirect costs allocable to the program.

7. Contracts/grants providing for ceilings as to the indirect cost rate(s) or amount(s) which are indicated in Section I above, will be subject to the ceilings stipulated in the contract or grant agreements. The ceiling rate or the rate(s) cited in this Agreement, whichever is lower, will be used to determine the maximum allowable indirect cost on the contract or grant agreement.

8. Administrative costs consist of all Direct and Indirect costs associated with the management of a non-Federal entity's programs. Non-Federal entities should refer to their contracts/grants terms and specific program legislation for the applicable definition of Administrative Costs and any related limitations.

B. ACCOUNTING CHANGES

This agreement is based on the accounting system purported by the non-Federal entity or contractor to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval from the Cost & Price Determination Division (CPDD). Such changes include, but are not limited to changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. NOTIFICATION TO FEDERAL AGENCIES

A copy of this document (original, and revised (if applicable)) is to be provided by the non-Federal entity or contractor to other Federal funding sources as a means of notifying them of the Agreement contained herein.

D. DEFINITION OF RATES

1. Final rate means an indirect cost rate applicable to a specified past period which is based on the actual costs of the period. A final rate is not subject to adjustment.

2. Provisional rate or billing rate means a temporary indirect cost rate applicable to a specified period which is used for funding, interim reimbursement, and reporting indirect costs on Federal awards pending the establishment of a final rate for the period.

3. Predetermined rate means an indirect cost rate, applicable to a specified current or future period, usually the organization's fiscal year. The rate is based on an estimate of the costs to be incurred during the period. A predetermined rate is not subject to adjustment.

4. Fixed rate means an indirect cost rate which has the same characteristics as a predetermined rate, except that the difference between the estimated costs and the actual costs of the period covered by the rate is carried forward as an adjustment to the rate computation of a subsequent period.

   The Special Remarks section of this agreement may include a carry forward amount(s) for the applicable fiscal year(s).

5. G&A rate – If published in Section I, it is the acronym for "General and Administrative" type of indirect expenses. G&A means any management, financial, and other expense which is incurred by, or allocated to, a business unit and which is for the general management and administration of the business unit as a whole.

E. SPECIAL REMARKS

1. Provisional/Final Rate approval and impact to closeout adjustments:

When seeking initial reimbursement of indirect costs using the provisional/final rate methodology, a provisional proposal must be submitted within 90 days of receiving a Federal award (financial assistance, grants, cooperative agreements, and cost reimbursable contracts) that requires accounting for actual costs incurred. The non-Federal entity or contractor must submit an indirect cost rate proposal within six (6) months after the end of their fiscal year to establish a final rate.

Once a final rate is negotiated, billings and charges to Federal awards must be adjusted if the final rate varies from the provisional rate. If the final rate is greater than the provisional rate and there are no funds available to cover the additional indirect costs, the non-Federal entity or contractor may not recover all indirect costs. Conversely, if the final rate is less than the provisional rate, the non-Federal entity or contractor will be required to reimburse the funding agency for the excess billings.

Non-Federal entities or contractors receiving a Federal cost reimbursable contract(s) - Must adhere with FAR 52.216-7(d)(2)(v), to settle final indirect cost rates typically on an annual basis:

> "The contractor shall update the billings on all contracts to reflect the final settled rates and update the schedule of cumulative direct and indirect costs claimed and billed, as required in paragraph (d)(2)(iii)(I) of this sections, within 60 days after settlement of final indirect cost rates."

In addition, the contractor shall provide to the Contracting Officer the noted cumulative costs schedule within 60 days of the execution of this agreement.

If the non-Federal entity or contractor has completed performance under any of the contracts covered by this Agreement, a final invoice or voucher must be submitted no later than 120 days from the date on which this Agreement is executed, following guidance from FAR 52.216-7(d)(5) and FAR 52.216-7(h).

Non-Federal entities receiving Federal awards (financial assistance, grants, and cooperative agreements) – Note that even if Federal awards are administratively closed prior to the settlement of final indirect cost rates, non-Federal entities still must comply with the following 2 CFR Part 200 clauses stating, in part:

§200.344 Post-closeout adjustments and continuing responsibilities

(a) The closeout of a Federal award does not affect any of the following:

(1) The right of the Federal awarding agency or pass-through entity to disallow costs and recover funds on the basis of a later audit or other review. The Federal awarding agency or pass-through entity must make any cost disallowance determination and notify the non-Federal entity within the record retention period.

(2) The obligation of the non-Federal entity to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments.

§200.345 Collection of amounts due

(a) Any funds paid to the non-Federal entity in excess of the amount to which the non-Federal entity is finally determined to be entitled under the terms of the Federal award constitute a debt to the Federal Government.

(b) Except where otherwise provided by statutes or regulations, the Federal awarding agency will charge interest on an overdue debt in accordance with the Federal Claims Collection Standards (31 CFR parts 900 through 999). The date from which interest is computed is not extended by litigation or the filing of any form of appeal.

2. Fringe benefits include the following: FICA-Medicare / WI State Unemployment Insurance / Workers' Compensation and Health, Vision and Life Insurance.

3. Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition. The capitalization threshold for equipment is $1,000; for individual items that have a useful life greater than one year; when acquired.

4. The indirect salaries approved as part of the Rate/CAP in Section I comply with the applicable ETA TEGL 5-06 and/or Job Corps salary and bonus restrictions.

5. The excluded costs from the allocation base contains such as: Computer Software/Equipment, Licenses-Participants, Participant Travel, Stipend, Rent Assistance, Rent Assistance-Prevention, Rent Assistance - HUD Bonus, Veteran's Assistance, Veterans Assistance – Prevention, Office Equipment, Program Equipment, Rental – Occupancy, Security Deposits, Security Deposits - Prevention.

*** INTENTIONALLY LEFT BLANK ***

ACCEPTANCE

BY THE NON-FEDERAL ENTITY	BY THE COGNIZANT AGENCY FOR INDIRECT COSTS, ON BEHALF OF THE U.S. FEDERAL GOVERNMENT
Center for Veterans Issues, Ltd 3400 West Wisconsin Ave Milwaukee, WI 53208-3841	U.S. Department of Labor Cost & Price Determination Division 200 Constitution Ave., N.W., S-1510 Washington, DC 20210
Center for Veterans Issues (Non-Federal Entity)	(U.S. Federal Government Agency)
(Signature)	RONALD GOOLSBY Digitally signed by RONALD GOOLSBY Date: 2023.01.27 11:51:00 -06'00' (Signature) ***for*** Victor M. López
Eduardo Garza (Name)	(Name)
President / CEO (Title)	Chief, Cost & Price Determination Division (Title)
27-2023 (Date)	1/27/2023 (Date)

Negotiated By: Ronald Goolsby
Office Phone: (312) 886-5247
Email: goolsby.ronald@dol.gov

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/29/2026
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Homeless Assistance Leadership Organization, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN):	20-2041432
c. Unique Entity Identifier:	ZQQJVKDCL815
d. Address	
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Melissa
Middle Name:	
Last Name:	Taggart
Suffix:	
Title:	HMIS/Grant Compliance Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.

Telephone Number: (262) 902-3150
Extension:
Fax Number: (262) 633-7374
Email: mtaggart@haloinc.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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: HALO SSO FY2026

16. Congressional District(s):

16a. Applicant: WI-001

16b. Project: WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/29/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Homeless Assistance Leadership Organization, Inc.
Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.
Telephone Number:	(262) 633-3235
Extension:	
Email:	ymacdonald@haloinc.org
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53403

2. Employer ID Number (EIN): 20-2041432

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $165,000.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	CoC	$292,864.00	PSH project
HUD	CoC	$433,272.00	TH project
HUD	CoC	$165,000.00	SSO project
HUD	Planning Grant	$131,946.00	Planning Grant
N/A	N/A	$0.00	N/A

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:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Homeless Assistance Leadership Organization, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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;		

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:	Yvonne
Middle Name	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization:	Homeless Assistance Leadership Organization, Inc.
Name / Title of Authorized Official:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Homeless Assistance Leadership Organization, Inc.
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403

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:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

Authorized Representative for: Homeless Assistance Leadership Organization, Inc.

Prefix: Ms.

First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1L. SF-424D

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

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

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

HALO has been providing services to those experiencing homelessness for more than 20 years. Since that time, we have been the recipient of funding requiring data (metrics) and financial reporting, have been monitored by local, State, and Federal funders, and have been responsible for oversight and monitoring of partner agencies. HALO has been the collaborative applicant for 8 years for Continuum of Care (CoC) grants, and served as the Lead Agency for City and State ESG funding within the CoC for 5 years.
Since 2006, HALO has operated a homeless shelter. It soon added CoC funded transitional and permanent supportive housing projects along with a variety of rapid rehousing, prevention, and security deposit assistance programs. In the past 4 grant periods, we have successfully spent 94% of the total funding we have received from HUD for our PSH program. Our management experience includes eligibility determinations, household needs assessments, case management, housing navigation, security and utility deposits, short- and long-term rental assistance, payment of rent and utility arrears, facilitating moves, locating furniture and other household items, and other miscellaneous activities. From the start, the overarching goals have been self-sufficiency and housing stability. The case management services we provide are essential to clients. This includes weekly case management meetings focused on an individualized, client-involved case plan. Clients in shelter are required to attend groups and classes to educate and develop self-sufficiency. Case managers assist in the search for safe and affordable permanent housing. The clients are provided resources for security deposits and furnishing their apartments. After a client exits shelter we are there to support the clients to support their stabilization. Case managers have formed a rapport with their clients and they are encouraged to contact us if they have any issues with stability. Our case managers refer them to resources that can help to remedy the issues.

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

Since 2006, HALO has operated a homeless shelter, as well as CoC funded transitional and permanent supportive housing projects. Additionally, we have operated transitional housing, rapid rehousing and prevention programs funded by City of Racine ESG, State of WI ESG, and other State of WI funding.. A City of Racine HUD HOME funded rental assistance program was also operated by HALO when homeless individuals residing in a hotel needed to be relocated per a City of Racine Health Department order. We have leveraged our government funding to attract numerous local grants including United Way, Racine Community Foundation, Green Bay Packers, Forest County Potawatomi Foundation, and Wheaton Franciscan Sisters Ministry Fund.
HALO has been providing services to those meeting HUD's definition of homelessness for over 20 years. Since that time, we have been the recipient of funding requiring data (metrics) and financial reporting, have been monitored by local, State, and Federal funders, and have been responsible for oversight and monitoring of other agencies. HALO has been the collaborative applicant on the CoC NOFO for over 8 years.

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

HALO has fiscal policies and procedures, including internal controls with multiple level review. The HALO Finance Committee recommended to the Board of Directors that accounting be outsourced rather than hiring a Finance Director or accountant staff. In May 2025, HALO engaged the Clifton, Larson, and Allen (CLA) Firm as its outside accounting resource.
HALO utilizes QuickBooks as its electronic accounting system. In addition to CLA, we currently have 2 finance staff. Several non-finance staff assist with tasks to assure segregation of duties, and an extra set of eyes on transactions. Invoices for payments must be approved by the department head where the expenses were incurred, and are then reviewed and approved again by finance staff or the Executive Director. There is a mandatory two-party oversight for ACH and check signing. The Finance Committee meets monthly and is provided a variety of reports prepared by staff and CLA. HALO has an annual audit. We are also audited by HUD and the State of WI for a number of grants. We continue to update finance policies to comply with FASB standards and any audit or monitoring deficiencies.
Our organization maintains a chart of accounts wherein each funding source is separately identified, tracked and fiscal information reported. Program data is collected and reported in HMIS and identified by funding source. Staff timesheets identify the funding source and activity. Just recently HALO underwent a financial monitoring with HUD and there were no findings or deficiencies found.

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

3A. Project Detail

1. CoC Number and Name:	WI-502 - Racine City & County CoC
2. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
3. Project Name:	HALO SSO FY2026
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Standalone Supportive Service
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Bonus
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

When a client enters shelter, an orientation is completed with a case manager (CM). At this meeting, the CM explains the services the client will be able to access while in shelter. An individualized case and housing stability plan is initiated with client input to identify the barriers to permanent housing, and the CM facilitates access to services and housing with other community agencies to address the individual needs. Services include mainstream benefits, childcare, parenting skills, school homeless liaison, educational opportunities, employment training and placement, youth services, and domestic and sexual assault programs.
Once the housing needs assessment is completed, a Coordinated Entry (CE) assessment is finalized and the household or individual is placed on the CE list. In addition to being placed on the list, CMs identify potential landlords with affordable units, discuss tenant rights and responsibilities, assist in locating potential sources for security deposit, and assist in obtaining furniture and other household items. CMs encourage clients to actively seek housing solutions rather than waiting for housing through CE. Clients will be provided up to six months of follow up case management, where appropriate.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	180			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

Funds for capital costs are not requested.

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	X	Survivors	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. Describe how The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency.

Goals of our program include the reduction of average length of time homeless, reduction of returns to homelessness, the ability to increase or maintain income, access housing, and maintain stability in permanent housing. This will be accomplished through intensive case management and required participation in services that address barriers to self-sufficiency and stable housing. Services include, but are not limited to, mainstream (public) benefits, childcare, parenting skills, school homeless liaison, educational opportunities for children and adults, access to substance use and mental health treatment, employment training and placement, legal assistance to overcome employment and housing barriers, youth (18-24) services, domestic and sexual assault programs, and life skills groups. Shelter case managers provide some life skills mentoring, such as assistance with basic budgeting, tenant right and responsibilities, and basic living skills.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

HALO will utilize its existing CoC and community partnerships for referrals. It will continue to build on those relationships and expand to include non-CoC partnerships that are specifically relevant to the target population. The following is a list of some of the agencies we work with.
Racine County Workforce Solutions-Provides job training, re-entry program, childcare assistance, GED, job search, mainstream benefits, and SSI/SSDI applications assistance.
Racine County Behavioral Health Services-Provides mental health and substance abuse services, and Crisis intervention
Racine County Human Services Department - Provides Medicaid, SSI, TANF, and SNAP assistance.
Racine County Veteran Services-Providing copies of military documents, assistance in applying for veteran benefits, education al benefits, short term financial assistance
Center for Veteran's Issues-Providing veterans rental and utility assistance, permanent and transitional housing, VA health care navigation
Ascension All Saints Hospital-Inpatient and outpatient mental health and substance abuse services
Feather A Nest-Provides furniture and household goods for clients who move into their own unit
Housing Authority of Racine County-Move-on assistance (section 8 and project based vouchers)
Racine County Food Bank-Provides supplemental food when clients move into their own unit
Aging and Disability Resource Center-Provides transportation, help access mainstream benefits, placement in assisted living and long-term care, older adult and disabled wellness.
Racine Vocational Ministry-Provides job skills training, re-entry programming for those that were incarcerated, and employment groups
HOPES Center-Provides homeless outreach, Project for Assistance in Transition from Homelessness PATH (for serious mental illness)
Racine Literacy Council-Provide family literacy, ESL, and adult basic education
Racine Kenosha Community Action-Provides housing stability services- energy assistance and weatherization programs, food assistance programs, diaper program, and education supports
Hospitality Center-Clothing and basic needs assistance
Racine Unified School District Homeless Liaison-Assists with school enrollment, transportation, and support
Outreach Community Health Centers-Provides primary care and family medicine, behavioral health, dental health
UW Parkside Extension-Provide nutrition education
Marquette Nursing Program, UW-Milwaukee/UW-Parkside Nursing Program-Provides health presentations to clients blood pressure and other wellness screening.
Acelero Learning Center-Provides Head Start and Early Head Start.
Safe Haven of Racine County-Programs for runaway youth and homeless youth
Legal Action of Wisconsin-Provides legal services and mediation, as well as SOAR services.
Racine Zoo-Provides education regarding animals to the children in shelter
Salvation Army-Provides security deposits and utility assistance
St Vincent De Paul-Provides security deposits and utility assistance
Financial Empowerment Center-Provides credit counseling

2a. Will the applicant conduct and annual assessment of service needs of the program participants? Yes

3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).

HALO provides case management to households who are experiencing literal homelessness (per HUD's definition) and are in our shelter. After shelter entry, the self-sufficiency case manager will assist the household/individual in developing an Individualized Success and Housing Stability Plan. This process will identify the barriers the client has to obtaining permanent housing. The plan will include the goals and objectives that provide the tools and skills for the household to achieve self-sufficiency and housing stability.
Case managers use motivational interview techniques and trauma informed care approach to help create goals and strengthen the client's understanding of the benefits of the resources being provided by the case manager. It is important to motivate the client to be personally engaged in their own case plan. Clients who have been unsheltered or not willing to engage with supportive services have been dependent on getting their needs met through methods that might endanger them. Once they are in shelter, it is important for the clients to utilize the case manager's skills and their ability to help clients navigate the resources in our community.
A critical component of supportive services is the implementation of structured, stable, and safe case management meetings on a weekly basis. Clients are more likely to engage with the case manager during these meetings if they are seen consistently and a more frequent basis. The frequency will depend on the client's needs and the goals that are set. With more frequent meetings, the case manager will be able to develop a rapport with the client by being honest, empathetic, nonjudgmental, and support the client through the process of achieving their goals to becoming self-sufficient and finding permanent housing. This will encourage the client to be open and honest with the case manager regarding their barriers. The case managers will focus on the client's strengths to promote cooperation from the client. Goals are set based on the client's needs, and are broken down into achievable segments for the client. The clients will achieve progress and move on to next steps. This can create motivation for clients who traditionally resist goals and planning and eliminate the feeling of defeat.

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Weekly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
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	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Weekly
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	Applicant	As needed
Utility Deposits	Partner	As needed

Identify whether the project will include the following activities:

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	7	86	0	93

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	5	82		87
Persons ages 18-24	2	4		6
Accompanied Children under age 18	7		0	7
Unaccompanied Children under age 18			0	0
Total Persons	14	86	0	100

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	5			1		1		1	1	
Persons ages 18-24	2			2			1			
Children under age 18	7								2	
Total Persons	14	0	0	3	0	1	1	1	3	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans-(Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	82			15		10		6	2	
Persons ages 18-24	4			2		1			1	
Total Persons	86	0	0	17	0	11	0	6	3	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Structures	
Supportive Services	X
HMIS	X
VAWA	X

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.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	No

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Salaries 4 case managers and 1 Supervisor with benefits	$122,000
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		
Total Annual Assistance Requested		$122,000
Grant Term		1 Year
Total Request for Grant Term		$122,000

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	2 computers	$4,400
2. Software		
3. Services		
4. Personnel	1 staff with benefits	$28,000
5. Space & Operations		
Total Annual Assistance Requested:		$32,400
Grant Term:		1 Year
Total Request for Grant Term:		$32,400

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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:	$0
Estimated budget amount for VAWA Confidentiality Requirements:	$0

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

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$41,250
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$41,250

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	EHH HAP and SSSG ...	$41,250

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	EHH HAP and SSSG Grant
4. Amount of Written Commitment:	$41,250

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$0	1 Year	$0
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$122,000	1 Year	$122,000
5. Operating (Screen 6G)	$0	1 Year	$0
6. HMIS (Screen 6H)	$32,400	1 Year	$32,400
 7. VAWA	$0	1 Year	$0
8. Rural (Only for HUD CoC Program approved rural areas)	$0	1 Year	$0
9. Sub-total of CoC Program Costs Requested			$154,400
10. Admin (Up to 10% of Sub-total in #9)			$10,600
11. HUD funded Sub-total + Admin. Requested			$165,000
12. Cash Match (From Screen 6I)			$41,250
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$41,250
15. Total Project Budget for this grant, including Match			$206,250

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Homeless Assistance Leadership Organization, Inc.

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

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: Yvonne MacDonald-Hames

Date: 09/29/2026

Title: Executive Director

Applicant Organization: Homeless Assistance Leadership Organization, Inc.

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

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

Page	Last Updated

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/28/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/28/2026
1E. SF-424 Compliance	09/28/2026
1F. SF-424 Declaration	09/28/2026
1G. HUD 2880	09/28/2026
1H. HUD 50070	09/28/2026
1I. Cert. Lobbying	09/28/2026
1J. SF-LLL	09/28/2026
IK. SF-424B	09/28/2026
1L. SF-424D	09/28/2026
2A. Subrecipients	No Input Required
2B. Experience	09/28/2026
3A. Project Detail	09/28/2026
3B. Description	09/28/2026
3C. Expansion	09/28/2026
4A. Services	09/28/2026
5A. Households	09/28/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/28/2026
6F. Supp Srvcs Budget	09/28/2026
6H. HMIS Budget	09/28/2026
VAWA Budget	No Input Required
6I. Match	09/28/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/29/2026
7A. Attachment(s)	No Input Required
7D. Certification	09/28/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/29/2026
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Homeless Assistance Leadership Organization, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN):	20-2041432
c. Unique Entity Identifier:	ZQQJVKDCL815
d. Address	
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Melissa
Middle Name:	
Last Name:	Taggart
Suffix:	
Title:	HMIS/Grant Compliance Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.

Telephone Number: (262) 902-3150
Extension:
Fax Number: (262) 633-7374
Email: mtaggart@haloinc.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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: HALO Transitional Housing FY2026

16. Congressional District(s):

16a. Applicant: WI-001

16b. Project: WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2027

b. End Date: 04/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Homeless Assistance Leadership Organization, Inc.
Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.
Telephone Number:	(262) 633-3235
Extension:	
Email:	ymacdonald@haloinc.org
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53403

2. Employer ID Number (EIN): 20-2041432

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $433,272.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	CoC	$292,864.00	PSH project
HUD	CoC	$433,272.00	TH project
HUD	CoC	$165,000.00	SSO project
HUD	Planning Grant	$131,946.00	Planning Grant
N/A	N/A	$0.00	N/A

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:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Homeless Assistance Leadership Organization, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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;		

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:	Yvonne
Middle Name	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization:	Homeless Assistance Leadership Organization, Inc.
Name / Title of Authorized Official:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Homeless Assistance Leadership Organization, Inc.
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403

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:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

Authorized Representative for: Homeless Assistance Leadership Organization, Inc.

Prefix: Ms.

First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1L. SF-424D

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

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

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

HALO has operated a homeless shelter, transitional and permanent supportive housing projects along with a variety of rapid rehousing, prevention, and security deposit assistance programs. These programs include HUD CoC permanent supportive or transitional housing since 2007. In the past 4 grant periods, we have successfully spent 94% of the total funding awarded by HUD for PSH. The unavailability of units that meet HQS and staff vacancies hindered using 100%. Our experience includes eligibility determinations, household needs assessments, case management, housing navigation, security and utility deposits, short- and long-term rental assistance, payment of rent and utility arrears, facilitating moves, locating furniture and other household items, and other miscellaneous activities.
The Transitional Housing project will operate 20 transitional housing units during the grant term and will serve 20 households. Participants must be referred through the CoC Coordinated Entry and Prioritization process in the order established by the CoC. Eligible participants include individuals meeting HUD Category 1 (literally homeless) or Category 4 (fleeing or attempting to flee domestic violence), including youth ages 18-24, veterans, domestic violence survivors, older adults, families with children, individuals with disabilities, and those experiencing chronic homelessness. If no eligible Category 1 or 4 participants Category 3 eligible households may enter the project, if approved by the CoC and referred through the CoC CE system. Participants must be willing to increase employment income by securing a full-time equivalent job or acquire additional education or training to increase employability.

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

Since 2007, HALO has operated transitional and permanent supportive housing projects along with a variety of rapid rehousing, prevention, and security deposit assistance programs. These programs include HUD CoC permanent supportive or transitional housing, rapid rehousing and prevention programs funded by City of Racine ESG and State EHH. A City of Racine HUD HOME funded relocation program was also operated by HALO when individuals residing in a hotel needed to be relocated due to a City of Racine Health Department order. We also receive numerous local grants like United Way, Racine Community Foundation, Green Bay Packers, Forest County Potawatomi Foundation, and Wheaton Franciscan Sisters Ministry Fund.
HALO has been providing services to those meeting HUD's definition of homelessness for over 20 years. Since that time, we have been the recipient of funding requiring data(metrics) and financial reporting, have been monitored by local, State, and Federal funders, and have been responsible for oversight and monitoring of other agencies. HALO was the CoC Lead Agency for many years on a number of collaborative CoC grants.

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

HALO has fiscal policies and procedures, including internal controls with multiple level review. The HALO Finance Committee recommended to the Board of Directors that accounting be outsourced rather than hiring a Finance Director or accountant staff. In May 2025, HALO engaged the Clifton, Larson, and Allen (CLA) Firm as its outside accounting resource.
HALO utilizes QuickBooks as its electronic accounting system. HALO currently has 2 finance staff. We have retained the CLA accounting firm for day to day accounting. Several non-finance staff assist with some tasks to assure segregation of duties, and an extra set of eyes on transaction. Invoices for payments must be approved by the department head where the expenses were incurred, and are then reviewed and approved again by finance staff or the Executive Director. The individual requesting the check cannot issue the check. The person creating an ACH cannot approve the ACH. The Finance Committee meets monthly and is provided a variety of reports. Some reports are prepared by staff and others by CLA. HALO has an annual audit. We are also audited by HUD and the State of WI for a number of grants. We continue to update finance policies to follow FASB standards and to address any audit or monitoring deficiencies.
Our organization maintains a chart of accounts wherein each funding source is separately identified, tracked and fiscal information reported. Program data is collected and reported in HMIS and identified by funding source. Staff timesheets identify the funding source and activity. Just recently HALO underwent a financial monitoring with HUD and there were no findings or deficiencies found.

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

3A. Project Detail

1. CoC Number and Name:	WI-502 - Racine City & County CoC
2. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
3. Project Name:	HALO Transitional Housing FY2026
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	Yes

8a. List all expiring project(s) involved in the transition:

Grant PIN	Operating Start Date	Expiration Date	Component Type
WI0115L5I022514	05/01/2026	04/30/2027	PH-PSH

Update: IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2025 CoC Program Competition, a copy of the FY 2025 CoC Program Competition project application).

7b. Provide a brief description that addresses the scope of the proposed transition during the first year of operation.

HALO proposes to transition from its current 34 unit PSH project by re-allocating funds to create 20 units in this TH project. It will reduce the PSH project from 34 units to 15 units over the course of 1 year, while at the same time building capacity in this project. It is expected that the project will be at full capacity within 8 months based on current CE data. Our Move on Strategy will continue to assess and identify individuals in the PSH project who are ready to reside in PH, subsidized or unsubsidized, without supportive services or services provided by other community organizations. This will both reduce the number of units in the PSH project, and turn over units to be occupied by individuals on the CE list.

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No
11. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

This new Transitional Housing project is being created from a partial re-allocation of funds from our PSH renewal project. HALO will use a master leasing model in which participants are housed in apartments leased by HALO and occupied under participant subleases and program participation agreements. Units are scattered throughout Racine County, with most located in the City of Racine. Participants may receive up to 24 months of rental assistance and supportive services, contributing 30% of their adjusted income toward rent while increasing savings and working toward self-sufficiency. Supportive services include case management and are delivered using motivational interviewing and trauma-informed care approaches. Behavioral health treatment for AODA issues will be required for clients when it is approprate.
This project will operate 20 transitional housing units during the grant term and is expected to serve 20 households. Participants must be referred through the CoC Coordinated Entry and Prioritization process in the order established by the CoC. Eligible participants include individuals meeting HUD Category 1 (literally homeless) or Category 4 (fleeing or attempting to flee domestic violence), including youth ages 18-24, veterans, domestic violence survivors, older adults, families with children, individuals with disabilities, and those experiencing chronic homelessness. If no eligible Category 1 or 4 participants are available, the CoC may select participants meeting Category 3 eligibility. Participants must be willing to increase employment income by securing a full-time equivalent job or acquire additional education or training to increase employability.
HALO will provide comprehensive services designed to decrease barriers to long-term financial independence and promote long-term stability. Each household will be assigned a case manger who will provide intensive services which include assessment of needs, individualized service plans that list service participation expectations and assistance that HALO will provide. Participants will be required to engage in 20 hours per week of employment, training, education, supportive services, and/or volunteer work according to their needs. Participants will need to meet with their case manager at least once per week and will be provided individual and group emotional support and encouragement, job and life skills, budget and credit counseling, parenting skills, advocacy, crisis intervention, and referrals and linkage to outside service providers. Each service plan will be reviewed with the participant at least twice monthly to re-assess needs and continuously update goals. We will not require participation in substance abuse or mental health services. Instead the case manager will use motivational interviewing techniques to encourage it if needed. Participants will be required to save a portion of their income toward permanent housing, the amount will be based on the individual's assessment. All participants will focus on achieving stable permanent housing without subsidy from day one in the program. Participants who cannot work due to a severe disability or aging will be required to focus on achieving permanent housing by other means (i.e.- assisted living, etc.). We will provide each household with up to 6 months of aftercare services to ensure stability.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity	240			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

N/A

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	X	Survivors	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	

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

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

HALO has been providing services to those experiencing homelessness and those formally experiencing homelessness for over 20 years. HALO began running Transitional Housing (TH) and Permanent Supportive Housing (PSH) programs in 2007. Through these programs we have provided services to those experiencing homelessness in Racine county with the goal of helping individuals and families to achieve self-sufficiency and housing stability. HALO has provided the same services (case management, job and life skills, budget and credit counseling, parenting skills, advocacy, crisis intervention, and referrals and linkage to outside service providers) in these programs for the duration of their existence.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

HALO's Transitional Housing Program (THP) will provide housing and supportive services for homeless individuals, working towards self- sufficiency and housing stability. We plan to provide the THP clients with the tools they need so that they may avoid homelessness permanently. The Transitional Housing Program is designed to help households achieve permanent housing stability within two years with employment income. To support this goal, participants who are able to work must be willing to increase their income by obtaining employment or pursuing education and training that improves employability, which will be part of the program agreement. Individuals who are elderly or disabled and unable to work are only required to focus on securing permanent housing.

When entering the program, the case manager will assist the household/individual in developing an Individualized Success and Housing Stability Plan. This will identify the barriers the participant has to obtaining permanent housing. The plan will include the goals and objectives that provide the tools and skills for the household to achieve self-sufficiency and housing stability. Case managers will use motivational interview techniques and trauma informed care approach to help create goals and strengthen the client's understanding of the benefits of the resources being provided by the case manager.

In transitional housing it is important to motivate the client to be personally engaged in their own case plan. This is done by creating structured and stable case management meetings on a weekly basis. Clients are more likely to engage with the case manager during these meetings if they are seen consistently on a weekly basis or more frequently if needed. The frequency will depend on the client's needs and the goals that are set. By having weekly meetings, the case manager will be able to better support the client through the process of achieving their goals through structure and accountability to becoming self-sufficiency and finding permanent housing.

Goals are set based on the client's needs. From the start of the program, participants will work toward obtaining and sustaining permanent housing without ongoing rental assistance. Elderly and disabled participants will participate in supportive services focused on achieving an appropriate permanent housing placement.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

HALO will connect participants to a network of community partners to provide services beyond those offered directly by the organization. The clients will be required to attend groups and classes that are provided by the case managers. The groups and classes that the program will provide will foster the necessary skills to be self-sufficient once they obtain stable housing. Some of these skills will be money management, parenting skills, goal setting and achieving strategies, nutrition, coping skills, cleaning skills, basic home maintenance, and tenant responsibilities. The tools and skills developed while in the program are crucial to decreasing the time in transitional housing, returns to homelessness, and reducing homelessness overall.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

HALO will utilize its existing CoC and community partnerships for referrals. It will continue to build on those relationships and expand to include non-CoC partnerships that are specifically relevant to the target population. Below is a list of some of the agencies we work with.
Racine County Workforce Solutions-Provides job training, re-entry program, childcare assistance, GED, job search, mainstream benefits, and SSI/SSDI applications assistance.
Racine County Behavioral Health Services-Provides mental health and substance abuse services, and Crisis intervention
Racine County Veteran Services-Providing copies of military documents, assistance in applying for veteran benefits, education al benefits, short term financial assistance
Center for Veteran's Issues-Providing veterans rental and utility assistance, permanent and transitional housing, VA health care navigation
Ascension All Saints Hospital-Inpatient and outpatient mental health and substance abuse services
Feather A Nest-Provides furniture and household goods for clients who move into their own unit
Housing Authority of Racine County-Move-on assistance (section 8 and project based)
Racine County Food Bank-Provides supplemental food when clients move into their own unit
Aging and Disability Resource Center-Provide transportation, help access mainstream benefits, placement in assisted living and long-term care, older adult and disabled wellness.
Racine Vocational Ministry-Provide job skills training, re-entry programming for those that were incarcerated, and employment groups
HOPES Center-Provide homeless outreach, Project for Assistance in Transition from Homelessness PATH (for serious mental illness)
Racine Literacy Council-Provide family literacy, ESL, and adult basic education
Racine Kenosha Community Action-Provides housing stability services- energy assistance and weatherization programs, food assistance programs, diaper program, and education supports
Hospitality Center-Clothing and basic needs assistance
Racine Unified School DistrictHomeless liaison-Assists with school enrollment, transportation, and support
Outreach Community Health Centers-Provides primary care and family medicine, behavioral health, dental health
UW Parkside Extension-Provide nutrition education
Marquette Nursing Program -Provide health presentations to clients
Acelero Learning Center-Provide child care services
Safe Haven of Racine County-Programs for runaway youth and homeless youth
Legal Action of Wisconsin-Provide legal services and mediation
Racine Zoo-Provide education regarding animals to the children in shelter
Salvation Army-Provide security deposits and utility assistance
St Vincent De Paul-Provide security deposits and utility assistance
Financial Empowerment Center-Provide credit counseling

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

When entering the program, the case manager will assist the household/individual in developing an Individualized Success and Housing Stability Plan. This will identify the barriers the participant has to obtaining permanent housing. The plan will include the goals and objectives that provide the tools and skills for the household to achieve self-sufficiency and housing stability. Case managers will use motivational interview techniques and trauma informed care approach to help create goals and strengthen the client's understanding of the benefits of the resources being provided by the case manager.
The Individualized Success and Housing Stability Plan will be reassessed monthly to ensure goals are being met and that the proper referrals are being given to address the needs and barriers of the household/individual.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

HALO will connect participants to a network of community partners to provide services beyond those offered directly by the organization. The clients will be required to attend groups and classes that are provided by the case managers. The groups and classes that the program will provide will foster the necessary skills to be self-sufficient once they obtain stable housing. Some of these skills will be money management, parenting skills, goal setting and achieving strategies, nutrition, coping skills, cleaning skills, basic home maintenance, and tenant responsibilities. The tools and skills developed while in the program are crucial to decreasing the time in transitional housing, returns to homelessness, and reducing homelessness overall.
Participants will engage in at least 20 hours per week of employment, education, training, supportive services, and/or volunteer activities based on their individual needs and goals. For those who are employable, the objective is to obtain full-time employment that provides a living wage sufficient to support independent housing. Participants will also be required to save a portion of their income to build financial stability. The actual amount will be based on on-going individual assessment of the participants situation.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X
5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Weekly
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	Weekly
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		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
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		Applicant	As needed
Utility Deposits		Applicant	As needed

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: 20

Total Beds: 29

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	20	29	0

4B. Housing Type and Location Detail

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

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

2a. Units: 20

2b. Beds: 29

3. Address:

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

Street 1: 2000 DeKoven Avenue, Unit 1

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53403

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

555424 Racine, 559101 Racine County

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	18		20

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	1	20		21
Persons ages 18-24	1	1		2
Accompanied Children under age 18	6			6
Unaccompanied Children under age 18				0
Total Persons	8	21	0	29

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	1			1		1				
Persons ages 18-24	1					1				
Children under age 18	6								2	
Total Persons	8	0	0	1	0	2	0	0	2	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans-(Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	20			5		5		5	1	
Persons ages 18-24	1									
Total Persons	21	0	0	5	0	5	0	5	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	X
VAWA	X

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.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	No

6C. Leased Units

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

Total Annual Assistance Requested:	$243,072
Grant Term:	1 Year
Total Request for Grant Term:	$243,072
Total Units:	20

The number of beds for which funding has been requested in the Leased Units budget is 26.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Racine-Mount...	20	$243,072	$243,072

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

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

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Racine-Mount Pleasant, WI MSA (5510199999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
0 Bedroom	8	x	$851	$851	x	12	=	$81,696
1 Bedroom	7	x	$988	$988	x	12	=	$82,992
2 Bedroom	4	x	$1,235	$1,235	x	12	=	$59,280
3 Bedroom	1	x	$1,592	$1,592	x	12	=	$19,104
4 Bedroom		x	$1,962		x	12	=	$0
5 Bedroom		x	$2,256		x	12	=	$0
6 Bedroom		x	$2,551		x	12	=	$0
7 Bedroom		x	$2,845		x	12	=	$0
8 Bedroom		x	$3,139		x	12	=	$0
9 Bedroom		x	$3,434		x	12	=	$0
Total units and annual assistance requested:	20							$243,072
Grant term:								1 Year
Total request for grant term:								$243,072

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Moving cost for clients who leave the program	$5,000
3. Case Management	Salaries 2 FTE case managers and .5 FTE Supervisor with Benefits	$136,000
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		
Total Annual Assistance Requested		$141,000
Grant Term		1 Year
Total Request for Grant Term		$141,000

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating 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 of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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. Maintenance/Repair	Cleaning unit costs after move out	$5,000
2. Property Taxes and Insurance	Rental insurance	$9,000
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities for units	$7,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$21,000
Grant Term		1 Year
Total Request for Grant Term		$21,000

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	1 Computer	$2,200
2. Software		
3. Services		
4. Personnel	1 staff of HMIS data entry	$3,000
5. Space & Operations		
Total Annual Assistance Requested:		$5,200
Grant Term:		1 Year
Total Request for Grant Term:		$5,200

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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:	$500
Estimated budget amount for VAWA Confidentiality Requirements:	$500

CoC VAWA BLI Total:	$1,000
Grant Term	1 Year
Total Request for Grant Term	$1,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$47,550
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$47,550

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

Participants are expected to pay 30% of their income toward occupancy fees. These fees will be assessed at the beginning of their entry to the program. If a client does not have income upon entry, Once they start receiving income occupancy fees will be assessed by the case manager using the HUD worksheet.
The other part of match will come from public and private donations.

1b. Estimate the amount of program income that will be used as Match for this project: $47,550

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Occupancy fees	$25,000
Cash	Private	Donations	$22,550

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Occupancy fees
4. Amount of Written Commitment:	$25,000

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Donations
4. Amount of Written Commitment:	$22,550

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$243,072	1 Year	$243,072
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$141,000	1 Year	$141,000
5. Operating (Screen 6G)	$21,000	1 Year	$21,000
6. HMIS (Screen 6H)	$5,200	1 Year	$5,200
 7. VAWA	$1,000	1 Year	$1,000
8. Rural (Only for HUD CoC Program approved rural areas)	$0	1 Year	$0
9. Sub-total of CoC Program Costs Requested			$411,272
10. Admin (Up to 10% of Sub-total in #9)			$22,000
11. HUD funded Sub-total + Admin. Requested			$433,272
12. Cash Match (From Screen 6I)			$47,550
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$47,550
15. Total Project Budget for this grant, including Match			$480,822

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Homeless Assistance Leadership Organization, Inc.

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Most Recent APOMO...	09/29/2026
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Most Recent APOMO application FY2024

Attachment Details

Document Description:

7D. 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: Yvonne MacDonald-Hames

Date: 09/29/2026

Title: Executive Director

Applicant Organization: Homeless Assistance Leadership Organization, Inc.

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/28/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/28/2026
1E. SF-424 Compliance	09/28/2026
1F. SF-424 Declaration	09/28/2026
1G. HUD 2880	09/28/2026
1H. HUD 50070	09/28/2026
1I. Cert. Lobbying	09/28/2026
1J. SF-LLL	09/28/2026
IK. SF-424B	09/28/2026
1L. SF-424D	09/28/2026
2A. Subrecipients	No Input Required
2B. Experience	09/28/2026
3A. Project Detail	09/29/2026
3B. Description	09/29/2026
4A. Services	09/29/2026
4B. Housing Type	09/28/2026
5A. Households	09/29/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/28/2026
6C. Leased Units	09/28/2026
6F. Supp Srvcs Budget	09/29/2026
6G. Operating	09/29/2026
6H. HMIS Budget	09/29/2026
VAWA Budget	No Input Required
6I. Match	09/28/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/29/2026
7A. Attachment(s)	09/29/2026
7D. Certification	09/28/2026

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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	10/28/2024
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	WI0115
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Homeless Assistance Leadership Organization, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN):	20-2041432
c. Unique Entity Identifier:	ZQQJVKDCL815
d. Address	
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Teresa
Middle Name:	
Last Name:	Reinders
Suffix:	
Title:	CoC Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.

Telephone Number: (262) 880-6648
Extension:
Fax Number: (262) 633-7374
Email: treinders@haloinc.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6800-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): (for multiple selections hold CTRL key) Wisconsin

15. Descriptive Title of Applicant's Project: APOMO PSH FY2024

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) WI-001

b. Project: (for multiple selections hold CTRL key) WI-001

17. Proposed Project

a. Start Date: 05/01/2025

b. End Date: 04/30/2026

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Gai
Middle Name:	
Last Name:	Lorenzen
Suffix:	
Title:	Grant Preparer
Telephone Number: (Format: 123-456-7890)	(414) 573-9913
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	glorenzen@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	10/28/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Homeless Assistance Leadership Organization, Inc.
Prefix:	Ms.
First Name:	Gai
Middle Name:	
Last Name:	Lorenzen
Suffix:	
Title:	Grant Preparer
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.
Telephone Number:	(414) 573-9913
Extension:	
Email:	glorenzen@haloinc.org
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53403

2. Employer ID Number (EIN): 20-2041432

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $557,917.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
US HUD (WI0115 Renewal)	CoC	$557,917.00	PSH project
US HUD (expansion of WI0115)	CoC	$107,319.00	PSH project

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:	Gai Lorenzen, Grant Preparer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	10/28/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Homeless Assistance Leadership Organization, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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 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:	Gai
Middle Name	
Last Name:	Lorenzen
Suffix:	
Title:	Grant Preparer
Telephone Number: (Format: 123-456-7890)	(414) 573-9913
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	glorenzen@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	10/28/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization:	Homeless Assistance Leadership Organization, Inc.
Name / Title of Authorized Official:	Gai Lorenzen, Grant Preparer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	10/28/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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:	Homeless Assistance Leadership Organization, Inc.
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403

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:	Gai
Middle Name:	
Last Name:	Lorenzen
Suffix:	
Title:	Grant Preparer
Telephone Number: (Format: 123-456-7890)	(414) 573-9913
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	glorenzen@haloinc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	10/28/2024

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 02/28/2025

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

Authorized Representative for: Homeless Assistance Leadership Organization, Inc.

Prefix: Ms.

First Name:	Gai
Middle Name:	
Last Name:	Lorenzen
Suffix:	
Title:	Grant Preparer
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	10/28/2024

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? Yes

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

The applicant has either selected "Yes" to Question #1 , has not brought forward details from a previously awarded renewal project application, or has manually selected “Make Changes” to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐

Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The checked screens are automatically checked in the application. If a change has been made it is noted below.
3A. Project Detail: Name of project changed to reflect FY2024.
6A Funding Request: No changes
6B :Leased Units: Unit configuration changed due to reallocation.
6D Match: Amount changed to reflect match reduction due to reallocation.
6E Summary Budget: Amount changed due to reasons stated in 6A and 6D.
7A: No changes.
7B: Certification: Reflects updated certification required for FY2024.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
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?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	Yes

4a. If HUD recaptured funds provide an explanation.

HALO staff have had difficulty securing units that meet HQS, particularly 1 bedroom units which is the most critical need in our community and this project.There were also expenses that could not be submitted for reimbursement as HALO did not request a budget amendment. Up to 10% of various line items were readjusted to accommodate some of the expenses. HALO will request an amendment, as well as re-allocate some funds to assure spending of the current grant.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. 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 either the Expansion or 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 renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2024 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2025, as confirmed on the FY 2024 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2024 CoC Competition. There is no PIN for the Stand-Alone New , which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	PIN Number
Stand-Alone Renewal	APOMO PSH FY2024	WI0115
Stand-Alone New	APOMO PSH FY2024 Expand	NA

Renewal Expansion Summary

Total Number of Grants in the Expansion	2

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.	X
I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2024 COC COMPETITION.	X

Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WI0115
2. CoC Number and Name:	WI-502 - Racine City & County CoC
3. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
4. Project Name:	APOMO PSH FY2024
5. Project Status:	Standard
6. Component Type:	PH
6a. Select the type of PH project.	PSH
7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
8. Does this project include Replacement Reserves as a CoC Operating Cost? (Attachment Requirement)	No
9. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

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

The project will operate a minimum of 37 units over the term of the grant. HALO expects that housing will be provided to a minimum of 58 individuals over the term of the grant

Participants in the project must be referred from the CoC Coordinated Entry and Prioritization list in the order determined by the CoC. Clients in the project meet the definition of DedicatedPLUS - 100 percent of the beds will be dedicated to serve chronically homeless individuals with disabilities and families with one adult or child having a disability or other persons eligible under DedicatedPLUS, including unaccompanied homeless youth under 25, veterans, domestic violence survivors; and those experiencing substance abuse, mental illness, HIV/AIDs, and other subpopulations.. The project follows the Housing First model to assure that no barriers exist which would screen out otherwise eligible individuals and families. This allows entry into the project regardless of race, ethnicity, gender, sexual orientation, income, current/past substance use, history of victimization (e.g., domestic violence, sexual assault, childhood abuse, human trafficking), and criminal history–with the exception of restrictions imposed by federal, state or local law or ordinance (e.g. legal restrictions as to where persons on the sex offender registry may reside).The project is scattered site with the bulk of the units in the City of Racine, but some units are secured in other areas of Racine County. The project is designed to place participants in appropriate sized units including SRO and efficiencies. The project provides supportive services, including case management; and utilizes motivational interviewing and trauma informed care models. Participants are able to access additional services offered by numerous community agencies both at the HALO shelter and elsewhere in the community. Resources and workshops include access to and assistance in obtaining mainstream resources, budgetingt/financial planning; anger, time and stress management; landlord/tenant basics; life skills training; work skills and employment training; legal assistance; as well as connecting veterans to private nonprofit, VA and State DVA services; domestic violence survivors to local domestic, child and sexual abuse providers including those funded with Federal VOCA and VAWA funding; and youth 18 - 24 to local youth advocacy groups. Connections also exist with the LGBTQ Center, AIDS Resource Center, McKinney Vento liaison at appropriate school districts and other specialized organizations and services. The primary target goals and performance measures for the project are set by the CoC. The project also utilizes a Move On strategy.

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	X	Survivors	
Veterans		Substance Use Disorders	
Youth (under 25)		Mental Illness	
Families with Children		HIV/AIDS	
		Chronic Homeless	
		Other(Click 'Save' to update)	

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

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

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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

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

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” “DedicatedPLUS,” or "N/A"? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.B.2.r).	DedicatedPLUS

4A. Supportive Services for Program Participants

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

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

Identify whether the project includes the following activities:

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

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

4. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?	Yes
4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?	Yes

4B. Housing Type and Location

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

Total Units: 37
Total Beds: 58
Total Dedicated CH Beds: 58

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	37	58

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 37

b. Beds: 58

c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 58

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

3. Address:

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

Street 1: 2000 DeKoven Avenue, Unit 1

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53403

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

559101 Racine County, 555424 Racine, 554520 Mount Pleasant

5A. Program Participants - Households

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

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	34	0	37

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	2	38		40
Persons ages 18-24	1	1		2
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	19	39	0	58

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

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

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0		2	0	2	2	1	0	0
Persons ages 18-24	1	0		1	0	1	0	0	0	0
Children under age 18	16			0	0	0	2	1	1	0
Total Persons	19	0	0	3	0	3	4	2	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	37	1	0	15	0	30	2	5	0	0
Persons ages 18-24	1	0	0	0	0	1	0	0	0	0
Total Persons	38	1	0	15	0	31	2	5	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

VAWA Budget

In FY2024, 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 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.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	Yes
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	Yes

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	Yes
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

6. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	

Supportive Services	X
Operating	X
HMIS	X
VAWA	X
Rural	

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.

6B. Leased Units Budget

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

Total Annual Assistance Requested:	$359,056
Grant Term:	1 Year
Total Request for Grant Term:	$359,056
Total Units:	37

The number of beds for which funding has been requested in the Leased Units budget is 41.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Racine, WI M...	37	$359,056	$359,056

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: WI - Racine, WI MSA (5510199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom	1	
1 Bedroom	33	
2 Bedroom	2	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	37	$359,056
Grant Term		1 Year
Total Request for Grant Term		$359,056

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$49,715
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$49,715

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

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

Program income from participants. Private sources such as donations and foundations.

1b. Estimate the amount of program income that will be used as Match for this project: $10,000

Type	Source	Contributor	Value of Commitments
Cash	Private	Participant progr...	$10,000
Cash	Private	Private donations	$39,715

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Participant program fees
4. Amount of Written Committment:	$10,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Private donations
4. Amount of Written Committment:	$39,715

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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)	$359,056
1b. Leased Structures (Enter)	$0
2. Rental Assistance (Screen 6C)	$0
3. Supportive Services (Enter)	$140,000
4. Operating (Enter)	$29,990
5. HMIS (Enter)	$5,000
6. VAWA (Enter)	$500
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$534,546
9. Admin (Up to 10% of Sub-total in #8)	$23,371
10. HUD funded Sub-total + Admin. Requested	$557,917
11. Cash Match (From Screen 6D)	$49,715
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$49,715
14. Total Project Budget for this grant, including Match	$607,632

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

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: Gai Lorenzen

Date: 10/28/2024

Title: Grant Preparer

Applicant Organization: Homeless Assistance Leadership Organization, Inc.

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
1A. SF-424 Application Type	09/14/2024
1B. SF-424 Legal Applicant	09/14/2024
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	09/23/2024
1E. SF-424 Compliance	09/14/2024
1F. SF-424 Declaration	09/14/2024
1G. HUD 2880	09/23/2024
1H. HUD-50070	09/14/2024
1I. Cert. Lobbying	09/14/2024
1J. SF-LLL	09/14/2024
IK. SF-424B	09/14/2024
Submission Without Changes	09/23/2024
Recipient Performance	09/23/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/14/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/30/2024
3B. Description	09/14/2024
3C. Dedicated Plus	09/14/2024
4A. Services	09/14/2024
4B. Housing Type	10/19/2024
5A. Households	09/14/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/14/2024
6B. Leased Units	09/23/2024
6D. Match	09/23/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	09/23/2024

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/30/2026
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Lovingkindness Transitional Services Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN):	87-2027567
c. Unique Entity Identifier:	RE1AMACW4KN3
d. Address	
Street 1:	1509 Rapids Drive, Ste. 29
Street 2:	
City:	Racine
County:	WI
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53404
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	
First Name:	Kelly
Middle Name:	
Last Name:	Martyn
Suffix:	
Title:	Board President
Organizational Affiliation:	Lovingkindness Transitional Services Inc.
Telephone Number:	(262) 498-3801
Extension:	

Fax Number:

Email: martynkj@gmail.com

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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: Transitional Housing

16. Congressional District(s):

16a. Applicant: WI-001

16b. Project: WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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: X

21. Authorized Representative

Prefix:	
First Name:	Lakesha
Middle Name:	
Last Name:	Davis
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 977-3133
Fax Number: (Format: 123-456-7890)	
Email:	ldavis@lovingkindnesstsrvc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Lovingkindness Transitional Services Inc.
Prefix:	
First Name:	Lakesha
Middle Name:	
Last Name:	Davis
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Lovingkindness Transitional Services Inc.
Telephone Number:	(262) 977-3133
Extension:	
Email:	ldavis@lovingkindnesstsrvc.org
City:	Racine
County:	WI
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53404

2. Employer ID Number (EIN): 87-2027567

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $211,100.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	CoC	$211,100.00	Transitional Housing

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:	Lakesha Davis, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lovingkindness Transitional Services Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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;		

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:	
First Name:	Lakesha
Middle Name	
Last Name:	Davis
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 977-3133
Fax Number: (Format: 123-456-7890)	
Email:	ldavis@lovingkindnesstsrvc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Lovingkindness Transitional Services Inc.

Name / Title of Authorized Official: Lakesha Davis, Executive Director

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

Date Signed: 09/30/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Lovingkindness Transitional Services Inc.
Street 1:	1509 Rapids Drive, Ste. 29
Street 2:	
City:	Racine
County:	WI
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53404

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:	
First Name:	Lakesha
Middle Name:	
Last Name:	Davis
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 977-3133
Fax Number: (Format: 123-456-7890)	
Email:	ldavis@lovingkindnesstsrvc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: Lovingkindness Transitional Services Inc.

Prefix:

First Name: Lakesha

Middle Name:	
Last Name:	Davis
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1L. SF-424D

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

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

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Lovingkindness Transitional Services Inc. has demonstrated the organizational capacity to responsibly manage public and private grant funding while delivering housing stabilization services to individuals experiencing or at risk of homelessness. Since its founding in 2021, the organization has successfully administered grants from United Way, foundations, and corporate funders, implementing programs in accordance with grant agreements, reporting requirements, and performance expectations.

The organization has experience managing program budgets, maintaining financial records, tracking participant outcomes, collecting program data, submitting timely financial and programmatic reports, and ensuring grant funds are used for their intended purposes. Internal financial controls, documented policies and procedures, segregation of duties, board oversight, and routine financial monitoring support accountability and compliance with applicable funding requirements.

Lovingkindness has more than four years of experience operating transitional housing and housing stabilization programs for individuals experiencing homelessness or housing instability, including veterans, formerly incarcerated individuals, persons with disabilities, and other vulnerable populations. The organization has successfully implemented supportive services including case management, life skills training, transportation assistance, food assistance, and housing stabilization planning that align with the activities proposed in this application.

While this would be Lovingkindness's first Continuum of Care award, the organization is committed to full compliance with all HUD requirements. If funded, Lovingkindness will complete all required HMIS onboarding and training, implement HUD-compliant policies and procedures, maintain complete and accurate program documentation, and submit timely performance and financial reports. Staff are committed to continuous training and technical assistance to ensure compliance with HUD regulations, HMIS Data Standards, Uniform Guidance (2 CFR Part 200), and Continuum of Care requirements.

Lovingkindness has established a strong record of fiscal stewardship, responsible grant administration, and effective program implementation and is well-positioned to successfully administer the proposed HUD Continuum of Care Transitional Housing project.

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

Lovingkindness Transitional Services Inc. has successfully leveraged local community foundation, corporate, United Way, and private funding to expand services and improve housing stability for individuals experiencing or at risk of homelessness. Since its founding, Lovingkindness has secured funding from United Way of Racine County, community foundations, corporate grantmakers, and private donors to support housing stabilization, supportive services, transportation assistance, food assistance, and other program activities. These resources are strategically coordinated to address participant needs while ensuring funds are used efficiently and in accordance with each funder's requirements.

The organization also collaborates with community partners to leverage additional resources and services that complement program activities, reducing duplication of efforts and expanding participants' access to employment supports, financial assistance, and other community resources.

Lovingkindness maintains sound financial management practices to ensure all funding sources are tracked separately, expenditures are properly documented, and grant requirements are met. By combining multiple public and private funding streams, the organization has been able to expand program capacity, respond to emerging community needs, and strengthen long-term organizational sustainability.

This experience positions Lovingkindness to effectively leverage Continuum of Care funding alongside existing federal, state, local, and private investments to provide comprehensive housing and supportive services while maximizing resources available to program participants.

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

To support continued growth, Lovingkindness Transitional Services Inc. has built a financial management structure designed to ensure accountability, transparency, and compliance with all financial requirements. The organization recently onboarded a tenured CPA who has supported other local nonprofits to the Board of Directors who will utilize QuickBooks Online to record and monitor all financial transactions, maintain grant-specific accounting records, reconcile bank accounts, and produce timely financial reports.

The Executive Director is responsible for overall fiscal management, including budget oversight, grant administration, financial reporting, and ensuring expenditures align with approved budgets and funding requirements. Financial activities are supported by documented policies and procedures that govern purchasing, cash management, expense approvals, record retention, and financial reporting.

To strengthen internal controls, the organization maintains segregation of financial duties whenever practical. Financial transactions are supported by appropriate documentation, expenditures are reviewed and approved before payment, and bank reconciliations are completed regularly. The Board of Directors provides financial oversight by reviewing financial statements, monitoring organizational performance, approving annual budgets, and ensuring responsible stewardship of organizational resources.

Grant funds are tracked separately to ensure expenditures are accurately allocated, properly documented, and reported in accordance with each funder's requirements. The organization maintains supporting documentation for all expenditures and follows established procedures to promote accuracy, accountability, and compliance.

As a new Continuum of Care applicant, Lovingkindness is committed to implementing all financial management requirements applicable to HUD funding, including compliance with 2 CFR Part 200 (Uniform Guidance), maintaining complete financial records, and ensuring effective internal controls over all federal grant funds. This financial management structure positions the organization to responsibly administer grant funds while maintaining transparency and accountability.

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

3A. Project Detail

1. CoC Number and Name:	WI-502 - Racine City & County CoC
2. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
3. Project Name:	Transitional Housing
4. Project Status:	Standard
5. Component Type:	TH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Bonus + Reallocation
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
10. Will this project include replacement reserves in the Operating budget?	No
11. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

Lovingkindness Transitional Services Inc. proposes a Transitional Housing Program that provides safe, stable housing and individualized supportive services for adults experiencing homelessness, with priority given to veterans, persons living with disabilities, and formerly incarcerated individuals. The project is designed to help participants overcome barriers to housing, increase self-sufficiency, and successfully transition to permanent housing.

Upon enrollment, each participant completes a comprehensive assessment to identify housing barriers, strengths, and service needs. Based on the assessment, staff develop an individualized housing stabilization plan with measurable goals focused on obtaining permanent housing and increasing income. Throughout their participation, participants receive supportive services including case management, life skills training, transportation assistance, food assistance, and moving cost assistance, as funding permits. These services are designed to remove barriers to housing, strengthen independent living skills, and support long-term housing stability.

Participants are expected to actively engage in employment, supportive services, or other individualized activities that promote self-sufficiency and housing readiness. Staff regularly monitor progress, review goals, and adjust individualized plans to ensure participants remain on track toward successful program completion.

The project's primary outcomes are to increase housing stability, improve income through employment or other sustainable sources of income when appropriate, and support successful exits to permanent housing. By combining safe transitional housing with individualized supportive services, Lovingkindness will provide participants with the resources, skills, and stability necessary to achieve long-term housing success and reduce the likelihood of returning to homelessness.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	5	5		
Begin program participant enrollment	5	200		
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	5	184		

Leased or rental assistance units or structure, and supportive services near 100% capacity	5	90		
Closing on purchase of land, structure(s), or execution of structure lease	0	0		
Start rehabilitation	0	0		
Complete rehabilitation	5	60		
Start new construction	0	0		
Complete new construction	0	0		

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

The proposed rehabilitation project will improve the safety, security, habitability, and functionality of the transitional housing property to support program participants. Planned improvements include replacing exterior doors, locks, and windows to enhance security and energy efficiency; repairing interior walls and repainting high-traffic areas; replacing the stair banister to meet building code requirements; upgrading lighting and electrical components; installing durable flooring; and replacing essential appliances with energy-efficient models. These capital improvements will ensure the property remains safe, code-compliant, and capable of providing quality transitional housing for program participants. Lovingkindness Transitional Services Inc. will oversee project management, contractor coordination, compliance with applicable requirements, and ongoing maintenance of the property to preserve the long-term value of the improvements and provide a safe living environment for residents.

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations		Survivors	
Veterans	X	Substance Abuse	
Youth (under 25)		Mental Illness	X
Families		HIV/AIDS	
		Chronic Homeless	
		Other (Click 'Save' to update)	X

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

Since 2021, Lovingkindness Transitional Services Inc. has operated transitional housing and housing stabilization services for individuals experiencing or at risk of homelessness. For more than four years, the organization has provided the same core services proposed in this application, including transitional housing, case management, life skills training, food assistance, transportation assistance, and housing stabilization support.

Lovingkindness has extensive experience serving individuals with complex barriers to housing, including formerly incarcerated individuals, veterans, persons living with disabilities, low-income households, and individuals experiencing homelessness or housing instability. Many participants face multiple challenges, including unemployment, limited income, criminal justice involvement, behavioral health needs, lack of transportation, and limited access to affordable housing. Our program is designed to address these barriers through individualized service planning and coordinated supportive services that promote long-term housing stability.

Participants receive comprehensive assessments upon entry and work with staff to develop individualized housing stabilization plans. Throughout their stay, staff provide ongoing case management, life skills training, transportation assistance, food assistance, and coordination with community partners to help participants increase income, access benefits, obtain employment, and prepare for permanent housing. As participants transition from the program, staff continue to support housing placement by coordinating moving assistance and connecting participants to community resources that encourage long-term housing retention.

As both a nonprofit housing provider and landlord, Lovingkindness has developed experience managing transitional housing operations, maintaining safe and stable housing environments, working collaboratively with landlords and service providers, and supporting participants through successful transitions to permanent housing. The organization has established referral partnerships with local homeless service providers, workforce agencies, behavioral health providers, healthcare organizations, veteran-serving agencies, and reentry organizations to ensure participants receive coordinated, wraparound support.

Over the past four years, Lovingkindness has built a strong reputation within Racine County for serving individuals who often face significant barriers to obtaining housing. The organization's experience operating transitional housing, delivering eligible supportive services, and collaborating with community partners has positioned it to successfully implement and sustain the proposed project while helping participants achieve permanent housing and long-term self-sufficiency.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

Exit to Positive Destination
LTS views transitional housing as a pathway to permanent housing rather than a long-term housing solution. From program entry, staff clearly communicate that the primary goal is to help participants achieve stable, permanent housing within 24 months. This expectation is reinforced throughout the participant's stay to ensure everyone understands the purpose of the program and the milestones necessary for a successful transition.

Each participant works collaboratively with staff to develop an individualized housing stabilization plan that includes clear, measurable goals related to income, employment, financial stability, independent living skills, and housing readiness. Participants are active partners in establishing these goals, promoting ownership, accountability, and sustained engagement in the program.
Supportive services are intentionally aligned with each participant's housing goals and are reviewed regularly through case management. Staff monitor progress, celebrate milestones, identify barriers early, and adjust action plans when challenges arise. Frequent communication ensures participants understand their responsibilities, remain focused on achieving their goals, and receive timely support to stay on track.

The program emphasizes building the knowledge, confidence, and self-sufficiency necessary to successfully maintain permanent housing. As participants demonstrate increased stability, staff shift their focus toward housing search activities, preparing for the responsibilities of tenancy, and developing a realistic transition plan that includes budgeting for ongoing housing expenses and maintaining community supports after program exit.

Success is measured not only by placement into permanent housing but by participants' readiness to sustain that housing independently. Through clear expectations, individualized goal setting, consistent communication, participant accountability, and purposeful preparation for independent living, Lovingkindness is committed to ensuring that at least 50 percent of participants successfully exit to a positive housing destination within 24 months.

Exit with Employment Income
LTS recognizes that stable income is essential to obtaining and maintaining permanent housing. For participants who are employable, increasing employment income is established as a primary goal from program entry. For participants whose disabilities prevent employment, staff work to help participants secure or maintain Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or other disability-related benefits to ensure they have a stable source of income that supports long-term housing stability.

During the initial assessment, staff evaluate each participant's employment history, work readiness, disability status, income sources, and barriers to financial stability. Individualized housing stabilization plans include measurable income goals based on each participant's abilities and circumstances. For most participants, this includes obtaining and maintaining employment. For participants with qualifying disabilities, goals focus on securing or maintaining disability benefits and ensuring access to other available income supports.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

Lovingkindness Transitional Services Inc. collaborates with community partners to ensure participants receive coordinated supportive services that promote successful transitions to permanent housing. These partnerships allow participants to access specialized resources while Lovingkindness provides transitional housing, case management, life skills training, food assistance, transportation assistance, and housing stabilization services.

Racine Kenosha Community Action Agency (RKCAA) partners with Lovingkindness by providing employment and workforce development services, financial assistance programs, energy assistance, benefits enrollment, and other stabilization resources. Participants are referred to RKCAA to increase household income, access public benefits, and strengthen financial stability—key factors in obtaining and maintaining permanent housing. Coordination between staff ensures participants receive timely services that complement their individualized housing stabilization plans.

Racine Kenosha Vocational Ministry (RKVM) partners with Lovingkindness to support participants through employment readiness, job training, career coaching, and job placement assistance. Stable employment is a critical component of long-term housing retention. By helping participants develop job skills, secure employment, and increase earned income, RKVM strengthens participants' ability to afford housing and achieve greater self-sufficiency.

Lovingkindness maintains ongoing communication with both organizations to coordinate referrals, monitor participant progress, and ensure services are aligned with each participant's individualized housing goals. This collaborative approach reduces barriers to housing, increases access to essential supportive services, and provides participants with a coordinated network of support throughout their transition from homelessness to permanent housing. Through these partnerships, participants receive comprehensive services that address the underlying causes of housing instability while increasing their ability to obtain, retain, and successfully sustain permanent housing.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

LTS Inc. supplements Continuum of Care funding by connecting participants to mainstream public benefits and community resources that support long-term housing stability and self-sufficiency. During intake and throughout program participation, staff assess eligibility for federal, state, and local benefit programs and assist participants with accessing and maintaining these resources.

Participants are connected to mainstream income and healthcare supports, including Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, Medicaid, and the Supplemental Nutrition Assistance Program (SNAP), when eligible. These resources help participants meet their healthcare, nutritional, and income needs while reducing financial barriers to obtaining and maintaining permanent housing.

The project is also supplemented through local funding through United Way of Racine County, foundation grants, corporate contributions, private donations, and community resources that support housing stabilization efforts. These funding sources complement CoC resources by helping address participant needs that may not be fully covered by the grant and by strengthening the organization's overall capacity to serve individuals experiencing homelessness.

Participants are also connected to employment and workforce development resources to increase earned income, improve financial stability, and support long-term housing retention. By coordinating CoC-funded services with mainstream public benefits and diversified community resources, Lovingkindness maximizes available support, reduces duplication of services, and promotes successful transitions to permanent housing and sustained self-sufficiency.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

LTS Inc. will assess the service needs of participants through a comprehensive intake and ongoing assessment process. Upon enrollment, each participant will complete an individualized assessment to evaluate housing history, barriers to housing stability, employment status, income, disability status, transportation needs, food security, independent living skills, and other factors that may impact successful transition to permanent housing.

Using the assessment results, staff will develop an individualized housing stabilization plan with the participant that identifies strengths, immediate needs, long-term goals, and measurable action steps. The plan will prioritize services necessary to help the participant obtain and maintain permanent housing while promoting self-sufficiency and increasing income when appropriate.

Service needs will be reassessed regularly through ongoing case management meetings. Staff will review participant progress, identify emerging barriers, update goals, and modify service plans as circumstances change. This continuous assessment process ensures supportive services remain responsive to each participant's evolving needs and housing goals.

Throughout the assessment process, staff utilize active listening, empathy, and Crisis Intervention Partner (CIP) communication techniques to build trust, encourage participant engagement, and ensure participants are actively involved in identifying their priorities and developing solutions. This participant-centered approach allows Lovingkindness to provide individualized services that support housing stability, increase independence, and prepare participants for successful transition to permanent housing.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

LTS Inc. develops an individualized engagement plan for each participant upon program entry. Following a comprehensive assessment, participants work collaboratively with staff to establish measurable goals related to employment, housing stability, income, and independent living. These goals are incorporated into an individualized housing stabilization plan that includes a weekly schedule of services, activities, and employment designed to achieve at least 20 hours of meaningful engagement for participants who are not exempt under 24 CFR 578.3 and 24 CFR 8.3.

For participants who are employable, employment is the primary means of meeting the 20-hour weekly engagement expectation. Staff reinforce the importance of consistent employment as a pathway to financial independence and long-term housing stability. Weekly case management meetings are used to review employment progress, address barriers, and adjust goals as participants increase work hours or transition to permanent housing.

For participants who are not yet employed, engagement is individualized based on their needs and may include a combination of case management, life skills training, job search activities, resume development, employment interviews, vocational or educational programs, volunteer activities, and other community-based activities that support progress toward employment and permanent housing. As participants obtain employment, their engagement plan shifts to reflect work hours while continuing to provide supportive services that reinforce housing stability.

Staff maintain regular communication with participants, monitor weekly engagement, and update individualized plans as goals are achieved or circumstances change. This ongoing review helps ensure participants remain actively engaged, accountable, and focused on increasing self-sufficiency throughout their stay in transitional housing.

Participants who are 62 years of age or older or who are individuals with disabilities, including those with developmental disabilities as defined by 24 CFR 578.3 and 24 CFR 8.3, are exempt from the 20-hour engagement requirement. For these participants, Lovingkindness develops individualized service plans that reflect their abilities, strengths, and personal goals while continuing to promote housing stability and successful transition to permanent housing.

Through individualized planning, consistent case management, clear expectations, and purposeful engagement, Lovingkindness ensures participants actively work toward the skills, income, and stability necessary to successfully exit to permanent housing.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.	X

5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.	X

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

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

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: 10

Total Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Single family homes/townhou...	---	5	5	0
Single family homes/townhou...	---	5	5	0

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

2a. Units: 5

2b. Beds: 5

3. Address:

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

Street 1: 1901 Carter St

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53402

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

559101 Racine County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

2a. Units: 5

2b. Beds: 5

3. Address:

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

Street 1: 900 Center St.

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53403

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

559101 Racine County

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

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

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	10		10
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans-(Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	2				1	1	1	3	0
Persons ages 18-24										
Total Persons	2	2	0	0	0	1	1	1	3	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	Yes
6a. Select the number of additional months requested for the initial grant term:	18 months

6C. Leased Units

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

Total Annual Assistance Requested:	$114,000
Grant Term:	1 Year
Total Request for Grant Term:	$114,000
Total Units:	10

The number of beds for which funding has been requested in the Leased Units budget is 10.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Racine-Mount...	10	$114,000	$114,000

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

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

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Racine-Mount Pleasant, WI MSA (5510199999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
0 Bedroom		x	$851		x	12	=	$0
1 Bedroom	10	x	$988	$950	x	12	=	$114,000
2 Bedroom		x	$1,235		x	12	=	$0
3 Bedroom		x	$1,592		x	12	=	$0
4 Bedroom		x	$1,962		x	12	=	$0
5 Bedroom		x	$2,256		x	12	=	$0
6 Bedroom		x	$2,551		x	12	=	$0
7 Bedroom		x	$2,845		x	12	=	$0
8 Bedroom		x	$3,139		x	12	=	$0
9 Bedroom		x	$3,434		x	12	=	$0
Total units and annual assistance requested:	10							$114,000
Grant term:								1 Year
Total request for grant term:								$114,000

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	One-time moving assistance to support successful transition from transitional housing to permanent housing.	$3,000
3. Case Management	Individualized case management including assessments, housing stabilization planning, goal setting, progress monitoring, resource coordination, and housing retention support.	$10,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food assistance to reduce food insecurity and support participants while working toward housing stability.	$3,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Life skills instruction focused on budgeting, financial literacy, tenant responsibilities, household management, communication, conflict resolution, and independent living.	$5,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Transportation assistance for employment, housing appointments, case management, healthcare, and other essential activities that support housing stability.	$5,000
16. Utility Deposits		
17. Operating Costs	Operating costs necessary to maintain safe, decent, and habitable transitional housing, including utilities, insurance, maintenance, property management, and other eligible operating expenses.	$27,000
Total Annual Assistance Requested		$53,000
Grant Term		1 Year
Total Request for Grant Term		$53,000

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating 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 of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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. Maintenance/Repair	12 months × $300 for routine maintenance at 1 transitional housing property, including lawn mowing, snow and ice removal, minor plumbing repairs, wall patching, paint touch-ups, and fixture servicing.	$3,600
2. Property Taxes and Insurance	1 annual property-related insurance allocation × $2,600 for the transitional housing property. Includes only coverage attributable to this project	$2,600
3. Replacement Reserve	4 quarterly contributions × $1,250 to a replacement reserve for major building systems at 1 transitional housing property. Contributions will be supported by documented useful lives and expected replacement costs.	$5,000
4. Building Security	12 months × $100 for security system monitoring and servicing at 1 transitional housing property	$1,200
5. Electricity, Gas, and Water	12 months × $400 for electricity, gas, and water at 1 transitional housing property to maintain adequate heating, lighting, sanitation, and safe living conditions.	$4,800
6. Furniture	5 bedroom furniture sets × $600, each including a bed frame, mattress, and dresser; plus 1 shared dining table and chair set × $1,000. Furniture will remain at the property for participant use.	$4,000

7. Equipment (lease, buy)	Purchase 4 appliances for shared participant use: 1 refrigerator × $1,100; 1 range × $900; 1 washer × $900; and 1 dryer × $900. Select energy-efficient models where available.	$3,800
Total Annual Assistance Requested		$25,000
Grant Term		1 Year
Total Request for Grant Term		$25,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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:	$1,000
Estimated budget amount for VAWA Confidentiality Requirements:	$1,000

CoC VAWA BLI Total:	$2,000
Grant Term	1 Year
Total Request for Grant Term	$2,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$24,275
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$24,275

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Racine Community ...	$24,275

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Racine Community Foundation
4. Amount of Written Commitment:	$24,275

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$114,000	1 Year	$114,000
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$53,000	1 Year	$53,000
5. Operating (Screen 6G)	$25,000	1 Year	$25,000
6. HMIS (Screen 6H)	$0	1 Year	$0
 7. VAWA	$2,000	1 Year	$2,000
8. Rural (Only for HUD CoC Program approved rural areas)	$0	1 Year	$0
9. Sub-total of CoC Program Costs Requested			$194,000
10. Admin (Up to 10% of Sub-total in #9)			$17,100
11. HUD funded Sub-total + Admin. Requested			$211,100
12. Cash Match (From Screen 6I)			$24,275
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$24,275
15. Total Project Budget for this grant, including Match			$235,375

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Lovingkindness Transitional Services Inc.

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	
First Name:	Lakesha
Middle Name:	
Last Name:	Davis
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 977-3133
Fax Number: (Format: 123-456-7890)	
Email:	ldavis@lovingkindnesstsrvc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 approval	08/03/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3 approval

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. 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: Lakesha Davis

Date: 09/30/2026

Title: Executive Director

Applicant Organization: Lovingkindness Transitional Services Inc.

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/28/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/28/2026
1E. SF-424 Compliance	09/28/2026
1F. SF-424 Declaration	09/28/2026
1G. HUD 2880	09/28/2026
1H. HUD 50070	09/28/2026
1I. Cert. Lobbying	09/28/2026
1J. SF-LLL	09/28/2026
IK. SF-424B	09/28/2026
1L. SF-424D	09/28/2026
2A. Subrecipients	No Input Required
2B. Experience	09/28/2026
3A. Project Detail	09/28/2026
3B. Description	09/28/2026
3C. Expansion	09/28/2026
4A. Services	09/28/2026
4B. Housing Type	09/28/2026
5A. Households	09/28/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/28/2026
6C. Leased Units	09/28/2026
6F. Supp Srvcs Budget	09/28/2026
6G. Operating	09/28/2026
VAWA Budget	No Input Required
6I. Match	09/29/2026

6J. Summary Budget	No Input Required
Indirect Cost Information	09/29/2026
7A. Attachment(s)	09/28/2026
7D. Certification	09/28/2026

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
02/08/2022
Employer ID number:
87-2027567
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
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:
August 05, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053736004741

LOVINGKINDNESS TRANSITIONAL SERVICES INC
C/O LAKESHA DAVIS
5801 WASHINGTON AVE STE 99
MOUNT PLEASANT, WI 53406

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.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions to help navigate e-snaps.
- 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 from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/29/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	WI0115
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Homeless Assistance Leadership Organization, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN):	20-2041432
c. Unique Entity Identifier:	ZQQJVKDCL815
d. Address	
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Melissa
Middle Name:	
Last Name:	Taggart
Suffix:	
Title:	HMIS/Grant Compliance Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.

Telephone Number: (262) 902-3150
Extension:
Fax Number: (262) 633-7374
Email: mtaggart@haloinc.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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: APOMO FY2026

16. Congressional District(s):

a. Applicant: WI-001
(for multiple selections hold CTRL key)

b. Project: WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2027

b. End Date: 04/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 2/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Homeless Assistance Leadership Organization, Inc.
Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.
Telephone Number:	(262) 633-3235
Extension:	
Email:	ymacdonald@haloinc.org
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53403

2. Employer ID Number (EIN): 20-2041432

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $292,864.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	CoC	$292,864.00	PSH project
HUD	CoC	$433,272.00	TH project
HUD	CoC	$165,000.00	SSO project
HUD	Planning Grant	$131,946.00	Planning Grant
N/A	N/A	$0.00	N/A

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:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Homeless Assistance Leadership Organization, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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 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:	Yvonne
Middle Name	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization:	Homeless Assistance Leadership Organization, Inc.
Name / Title of Authorized Official:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Homeless Assistance Leadership Organization, Inc.
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403

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:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1K. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

Authorized Representative for: Homeless Assistance Leadership Organization, Inc.

Prefix: Ms.

First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/29/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? Yes

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

The applicant has either selected "Yes" to Question #1 , has not brought forward details from a previously awarded renewal project application, or has manually selected “Make Changes” to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X

Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The changes are related to reducing the number of units/beds and requested funds. We are transitioning our current PSH program to a smaller PSH and a new transitional housing program.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
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?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	Yes

4a. If HUD recaptured funds provide an explanation.

HALO staff have had difficulty securing units that meet HQS, particularly 1 bedroom units which is the most critical need in our community and this project.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. 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 either the Expansion or 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.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

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 renewal project application requesting to consolidate or expand? 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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WI0115
2. CoC Number and Name:	WI-502 - Racine City & County CoC
3. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
4. Project Name:	APOMO FY2026
5. Project Status:	Standard
6. Component Type:	PH
6a. Select the type of PH project.	PSH
7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?	No
8. Does this project include Replacement Reserves as a CoC Operating Cost? (Attachment Requirement)	No
9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
10. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

HALO is reallocating a portion of the funding for this Permanent Supportive Housing renewal project to create a new Transitional Housing project. HALO's APOMO (Permanent Supportive Housing Program) provides housing and case management to households referred by the Racine CoC CE system who meet HUD's definition of Dedicated Plus The level of case management is relative to client needs. Behavioral health services treatment will be required for a client when appropriate. HALO is a long-time member and collaborative applicant of the Racine Continuum of Care (CoC). All agencies in the CoC meet regularly and offer services or make referral recommendations to meet our clients' needs. Additionally, we have many partners willing to provide services when a request is made. Our current capacity is 34 units; however, we are proposing a new Transitional Housing program and will transition to 15 beds in this renewal project. HALO will do this by utilizing the Move-On strategy. Staff will identify individuals in the project who have been assessed specifically for their ability to adjust to living in permanent housing without the level of support provided by permanent supportive housing. Move-On is an important strategy because PSH is not time-limited. By engaging in a specific on-going strategy, the project will be able to turn over units making them available to new PSH clients or transition them to Transitional Housing. Following best practices, HALO staff will continue to strengthen relationships including mental health and substance abuse providers, Racine Unified and other school districts in our jurisdiction, First Responders including Racine and Mount Pleasant Police Department, Racine County Sheriff's Department, and EMTs, area technical colleges and universities, domestic violence groups, local churches, and others. Each of these partners works to strengthen the client's path to self-sufficiency. HALO has operated a homeless shelter, transitional and permanent supportive housing projects along with a variety of rapid rehousing, prevention, and security deposit assistance programs. In the past 4 grant periods, we have successfully spent 94% of the total funding we have been awarded for this renewal project. Locating units that meet HQS and FMR have been challenge, and we have had a number of staff vacancies.
Our experience operating PSH and TH projects includes eligibility determinations, household needs assessments, case management, housing navigation, security and utility deposits, short- and long-term rental assistance, payment of rent and utilities, payment of utility arrears, facilitating moves, locating furniture and other household items, and other miscellaneous activities.

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	X	Survivors	
Veterans		Substance Use Disorders	

Youth (under 25)	☐	Mental Illness	☐
Families with Children	☐	HIV/AIDS	☐
		Chronic Homeless	☐
		Other(Click 'Save' to update)	☐

3C. Dedicated Plus

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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

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

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.G.8).	DedicatedPLUS

4A. Supportive Services for Program 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		Applicant	Monthly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Monthly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	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		Applicant	As needed
Utility Deposits		Applicant	As needed

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: 15
Total Beds: 23
Total Dedicated CH Beds: 23

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	15	23

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

a. Units: 15

b. Beds: 23

2c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 23

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

3. Address:

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

Street 1: 2000 DeKoven Avenue, Unit 1

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53403

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

555424 Racine, 559101 Racine County

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	13	0	15

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	2	15		17
Persons ages 18-24	1	1		2
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	7	16	0	23

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0		2	0	2	2	1	0	0
Persons ages 18-24	1	0		1	0	1	0	0	0	0
Children under age 18	4			0	0	0	2	1	1	0
Total Persons	7	0	0	3	0	3	4	2	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	15	0	0	15	0	15	2	5	0	0
Persons ages 18-24	1	0	0	0	0	1	0	0	0	0
Total Persons	16	0	0	15	0	16	2	5	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

VAWA Budget

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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	Yes
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	Yes
3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	X
VAWA	X
Rural	

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.

6B. Leased Units Budget

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

Total Annual Assistance Requested:	$184,764
Grant Term:	1 Year
Total Request for Grant Term:	$184,764
Total Units:	15

The number of beds for which funding has been requested in the Leased Units budget is 18.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Racine-Mount...	15	$184,764	$184,764

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: WI - Racine-Mount Pleasant, WI MSA (5510199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom	2	
1 Bedroom	11	
2 Bedroom	1	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	15	$184,764
Grant Term		1 Year
Total Request for Grant Term		$184,764

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$27,025
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$27,025

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

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

Program clients will provide program income from rent.

1b. Estimate the amount of program income that will be used as Match for this project: $5,000

Type	Source	Contributor	Value of Commitments
Cash	Private	Participant progr...	$5,000
Cash	Private	Private donations	$22,025

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Participant program fees
4. Amount of Written Committment:	$5,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Private donations
4. Amount of Written Committment:	$22,025

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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)	$184,764
1b. Leased Structures (Enter)	$0
2. Rental Assistance (Screen 6C)	$0
3. Supportive Services (Enter)	$72,000
4. Operating (Enter)	$16,000
5. HMIS (Enter)	$1,100
6. VAWA (Enter)	$500
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$274,364
9. Admin (Up to 10% of Sub-total in #8)	$18,500
10. HUD funded Sub-total + Admin. Requested	$292,864
11. Cash Match (From Screen 6D)	$27,025
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$27,025
14. Total Project Budget for this grant, including Match	$319,889

The minimum required Total Match amount for the Grant Term is $27,025.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Homeless Assistance Leadership Organization, Inc.

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

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. 2501-0044
(expires 02/28/2027)

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: Yvonne MacDonald-Hames

Date: 09/29/2026

Title: Executive Director

Applicant Organization: Homeless Assistance Leadership Organization, Inc.

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
1A. SF-424 Application Type	09/28/2026
1B. SF-424 Legal Applicant	09/28/2026

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/29/2026
1E. SF-424 Compliance	09/28/2026
1F. SF-424 Declaration	09/28/2026
1G. HUD 2880	09/28/2026
1H. HUD-50070	09/28/2026
1I. Cert. Lobbying	09/28/2026
1J. SF-LLL	09/28/2026
1K. SF-424B	09/28/2026
Submission Without Changes	09/28/2026
Recipient Performance	09/28/2026
Renewal Grant Consolidation or Renewal Grant Expansion	09/28/2026
2A. Subrecipients	No Input Required
3A. Project Detail	09/28/2026
3B. Description	09/28/2026
3C. Dedicated Plus	09/28/2026
4A. Services	09/28/2026
4B. Housing Type	09/28/2026
5A. Households	09/28/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/28/2026
6B. Leased Units	09/28/2026
6D. Match	09/28/2026
6E. Summary Budget	No Input Required
Indirect Cost Information	09/29/2026
7A. Attachment(s)	No Input Required
7B. Certification	09/28/2026

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions to help navigate e-snaps.
- 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 from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/21/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	WI0192
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Institute for Community Alliances
b. Employer/Taxpayer Identification Number (EIN/TIN):	42-1352902
c. Unique Entity Identifier:	FD8JNZNSLPN8
d. Address	
Street 1:	1111 9th Street
Street 2:	Suite 380
City:	Des Moines
County:	Polk
State:	Iowa
Country:	United States
Zip / Postal Code:	50314
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Mollie
Middle Name:	
Last Name:	Lyon
Suffix:	
Title:	Grants Manager
Organizational Affiliation:	Institute for Community Alliances
Telephone Number:	(515) 380-1925
Extension:	

Fax Number: (515) 246-6637
Email: mollie.lyon@icalliances.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Wisconsin

15. Descriptive Title of Applicant's Project: Racine CoC HMIS

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MN-001, IL-016, MN-002, MN-003, MN-004, MN-005, MN-006, MN-007, MN-008, MO-001, MO-003, VT-000, MO-004, MO-005, MO-006, MO-007, MO-008, IA-001, NY-019, IA-002, IA-003, IA-004, ID-001, WI-001, WI-002, WI-003, WI-004, WI-005, WI-006, WI-007, WI-008, WY-000, NE-002, ME-001, ME-002, AK-000

b. Project: (for multiple selections hold CTRL key) WI-001

17. Proposed Project

a. Start Date: 10/01/2027

b. End Date: 09/30/2028

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 2/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Institute for Community Alliances
Prefix:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Organizational Affiliation:	Institute for Community Alliances
Telephone Number:	(515) 246-6509
Extension:	
Email:	mollie.lyon@icalliances.org
City:	Des Moines
County:	Polk
State:	Iowa
Country:	United States
Zip/Postal Code:	50314

2. Employer ID Number (EIN): 42-1352902

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $33,175.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
See the list of other Government Assistance under part 5 - Other Attachments	See the list of other Government Assistance under part 5 - Other Attachments	$0.00	See the list of other Government Assistance under part 5 - Other Attachments

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: David Eberbach, Corporate Executive Officer

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

Date Signed: 09/21/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Institute for Community Alliances

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 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:	Mr.
First Name:	David
Middle Name	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Institute for Community Alliances

Name / Title of Authorized Official: David Eberbach, Corporate Executive Officer

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

Date Signed: 09/21/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Institute for Community Alliances
Street 1:	1111 9th Street
Street 2:	Suite 380
City:	Des Moines
County:	Polk
State:	Iowa
Country:	United States
Zip / Postal Code:	50314

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:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1K. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: Institute for Community Alliances

Prefix: Mr.

First Name: David

Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	X
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updates to funding request and match amounts

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
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?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. 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 either the Expansion or 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.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

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 renewal project application requesting to consolidate or expand? 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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WI0192
2. CoC Number and Name:	WI-502 - Racine City & County CoC
3. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
4. Project Name:	Racine CoC HMIS
5. Project Status:	Standard
6. Component Type:	HMIS
7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?	No
9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
10. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

The Racine HMIS Project provides funding for Wisconsin's statewide HMIS. The HMIS is utilized by all four WI CoCs and is a critical foundation for all homeless services in the state. The HMIS has a shared governance structure, with all four HUD CoCs providing oversight for the project. In addition to all non-DV CoC funded projects participating in the system, all ESG funded projects (state and entitlement) are using the system, as well as 100% of VA GPD, VA SSVF programs, HHS PATH programs, and many other presently non-mandated state and federal programs. The HMIS is compliant to the newly released data standards/dictionary, and accurately generates all federally required reports, including the CoC APR CSV, ESG CAPER CSV, SPMs, RHY CSV, SSVF CSV, and LSA. ICA operates the HMIS in a statewide regional format, with staff at scattered sites. ICA staff work with numerous state and federal funded partners to ensure high quality, reporting, and system use for projects such as Coordinated Entry. The project provides: Technical Assistance and Training – ICA provides a curriculum-based training to the CoC on topics such as security and privacy, new user training, grant and project specific training, point-in-time training, sub- populations (ie youth, veterans, chronically homeless) training, report training, and advanced user training. CoC Performance - ICA provides oversight and actively manages the collection and reporting of all HUD report formats. This includes implementation of data collection and reporting for the HEARTH performance outcomes as well as implementation of coordinated entry in HMIS. These tasks are done in coordination with CoC leadership. Many of these reports are run on a monthly or quarterly basis to monitor data completeness and performance throughout the year. ICA has already implemented HMIS system performance measures as well as coordinated entry in HMIS for all CoCs. Point in Time - ICA staff review PIT data accuracy and follow up with agencies. Once all data collection and validation are completed, the data are submitted to HUD’s Homeless Data Exchange (HDX) for the PIT count and the Housing Inventory Chart (HIC). In addition, a final PIT report is provided to the CoC. Data Analysis/Reporting – Project specific, Agency, and CoC level system performance measures are critical to show success of investments in strategies to reduce the number, frequency and duration of homeless episodes in the CoC. ICA provides reports allowing agencies to monitor their progress toward annual goals of the CoC, including system performance measures. Reports will be available for the CoC to determine progress on system goals developed locally, and performance goals established by HUD. ICA staff possess an in-depth understanding of the system generated reports for federal funders, including the HUD APR CSV, SPMs, LSA, RHY CSV, the VA SSVF CSV, the ESG CAPER CSV, and the PATH report.

4A. HMIS Standards

1.Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2026 HMIS Data Standard Notice?	Yes
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 (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).	Yes
3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?	Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?	Yes

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

The HMIS Lead Agency works closely with the HMIS Advisory Board, which is made up of a representatively diverse group of HMIS system users, homeless service agencies, policy makers, and CoC leadership from all four HUD recognized continua to create, review, and update both the Governance Charter and the Policies and Procedures on an annual basis. These governance documents are provided to the CoCs for review and approval. HMIS Advisory Board members and the HMIS Lead Agency are available to the CoC to answer any questions and take suggestions on updates to these documents. Additionally, the HMIS Lead Agency collects feedback and suggestions from HMIS end users and participating agencies throughout the year and incorporate suggestions into the policies where needed.

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

The Wisconsin HMIS Policies and Procedure Manual outlines in writing that the HMIS Lead Agency and HMIS Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, the transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. The HMIS Lead Agency is responsible for ensuring that the HMIS vendor adheres to its contractual obligations regarding data security and functionality.

Each Partner Agency must designate a Security Officer. The Security Officer must be familiar with HMIS and may also be the Designated Agency HMIS Contact. The Security Officer is responsible for ensuring compliance with applicable security standards, monitoring HMIS access by users at their agency, and maintaining the security of the HMIS for their agency.

7. Do you update your Privacy Notice annually and provide a copy to all HMIS users? Yes

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

The Wisconsin HMIS Policies and Procedure Manual outlines in writing that it is the responsibility of the Designated Agency HMIS Contact (typically the Security Officer) or general user at Partner Agencies, to notify the HMIS Lead Agency when they suspect that a user or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the user and Partner Agency name and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency at wihmis@icalliances.org. The name of the person making the complaint will not be released by the HMIS Lead Agency if the individual wishes to remain anonymous. Users must also report all unlawful access of HMIS and unlawful attempted access of HMIS, including theft of usernames and passwords, to the HMIS Lead Agency. The HMIS Lead Agency will use the HMIS auditing system to investigate and determine the extent of the breach of security. Breaches that result in the release or dissemination of PII from HMIS to the public will be reported to the HMIS Lead Agency cyber insurance provider to determine where liability exists and the appropriate remedies.
HMIS users and Partner Agencies must abide by all HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the HMIS User Agreement, and the Partner Agency Agreement. Repercussions for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type to be considered second or third violations. Violations do not expire; no regard is given to the duration of time that occurs between successive violations. The user will have their access suspended for a minimum of 30 days and will be required to complete training with the HMIS System Administrator. After the third violation the user will have their license terminated.

6A. Funding Request

VAWA Budget

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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	No
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	No
3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

HMIS	X
VAWA	X
Rural	

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.

6D. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$8,294
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$8,294

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	Agency User and H...	$8,294

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Agency User and HMIS Fees
4. Amount of Written Committment:	$8,294

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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 (Enter)	$0
2. Rental Assistance (Screen 6C)	$0
3. Supportive Services (Enter)	$0
4. Operating (Enter)	$0
5. HMIS (Enter)	$31,275
6. VAWA (Enter)	$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$31,275
9. Admin (Up to 10% of Sub-total in #8)	$1,900
10. HUD funded Sub-total + Admin. Requested	$33,175
11. Cash Match (From Screen 6D)	$8,294
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$8,294
14. Total Project Budget for this grant, including Match	$41,469

The minimum required Total Match amount for the Grant Term is $8,294.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Institute for Community Alliances

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type: Initial Submission

Effective Date: 07/24/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 07/24/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 letter	08/05/2026
2) Other Attachment	No	2880	08/05/2026
3) Other Attachment	No	50070	08/05/2026

Attachment Details

Document Description: 501c3 letter

Attachment Details

Document Description: 2880

Attachment Details

Document Description: 50070

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No. 2501-0044
(expires 02/28/2027)

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: David Eberbach

Date: 09/21/2026

Title: Corporate Executive Officer

Applicant Organization: Institute for Community Alliances

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
1A. SF-424 Application Type	08/05/2026
1B. SF-424 Legal Applicant	08/05/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/05/2026
1E. SF-424 Compliance	08/05/2026
1F. SF-424 Declaration	08/05/2026

1G. HUD 2880	08/05/2026
1H. HUD-50070	08/05/2026
1I. Cert. Lobbying	08/05/2026
1J. SF-LLL	08/05/2026
1K. SF-424B	08/05/2026
Submission Without Changes	08/05/2026
Recipient Performance	08/05/2026
Renewal Grant Consolidation or Renewal Grant Expansion	08/05/2026
2A. Subrecipients	No Input Required
3A. Project Detail	08/05/2026
3B. Description	08/05/2026
4A. HMIS Standards	08/05/2026
6A. Funding Request	08/05/2026
6D. Match	08/05/2026
6E. Summary Budget	No Input Required
Indirect Cost Information	08/05/2026
7A. Attachment(s)	No Input Required
7B. Certification	08/05/2026

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
May 20, 2022
Employer ID number:
42-1352902
Form 990 required:
990, YES
Person to contact:
Name: J. SHERMAN
ID number: 0195277

INSTITUTE FOR COMMUNITY ALLIANCES
1111 9TH ST STE 380
DES MOINES, IA 50314

Dear Sir or Madam:

We're responding to your request dated July 07, 2021, about your tax-exempt status.

We issued you a determination letter in April 1991, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

HUD Form 2880: Government Funding Sources Listing - Institute for Community Alliances

CoC	Gov Agency/Department	Type of Assistance	Amount Provided	Expected Use of Funds
Alaska HMIS Implementation				
AK-501	Alaska Housing Finance	State Assistance	$ 128,377.00	HMIS Activities
AK-500	Alaska Housing Finance	State Assistance	$ 43,999.00	HMIS Activities
AK-501	State Health Department	State Assistance	$ 85,420.26	HMIS Activities
AK-500	Municipality of Anchorage	State Assistance	$ 156,500.61	HMIS Activities
Illinois HMIS Implementation				
IL-501	City of Rockford	ESG	$ 30,000.00	HMIS Activities
IL-501	TLS Veterans	SSVF Sub-Recipient	$ 10,793.00	HMIS Activities
Idaho HMIS Implementation				
ID-500	City of Boise/Ada County	City Assistance	$ 180,000.00	HMIS Activities
Iowa HMIS Implementation				
IA-501	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	ESG	$ 55,000.00	HMIS Activities
IA-501	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	Shelter Assistance Fund	$ 54,625.00	HMIS Activities
IA-501	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	HOPWA Sub-Recipient	$ 27,224.00	HMIS Activities
IA-501	Iowa Depart of Human Services, Des Moines, IA	PATH Sub-Recipient	$ 8,000.00	HMIS Activities
IA-501	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 50,770.00	HMIS Activities
IA-502	City of Des Moines, Des Moines, IA	ESG	$ 25,916.00	HMIS Activities
IA-502	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	ESG	$ 9,175.00	HMIS Activities
IA-502	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	Shelter Assistance Fund	$ 9,175.00	HMIS Activities
IA-502	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 36,680.00	HMIS Activities
Minnesota HMIS Implementation				
MN-500	Minnesota DHS, St. Paul, MN	State Assistance	$ 559,551.72	HMIS Activities
MN-500	Hennepin County Human Services, Minneapolis, MN	ESG	$ 5,111.00	HMIS Activities
MN-500	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 42,473.74	HMIS Activities
MN-500	US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$ 11,118.52	HMIS Activities
MN-501	Minnesota DHS, St. Paul, MN	State Assistance	$ 165,199.40	HMIS Activities
MN-501	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 21,236.87	HMIS Activities

MN-501 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	5,214.52	HMIS Activities
MN-502 Minnesota DHS, St. Paul, MN	State Assistance	$	67,697.20	HMIS Activities
MN-502 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	8,778.96	HMIS Activities
MN-502 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	655.16	HMIS Activities
MN-503 Minnesota DHS, St. Paul, MN	State Assistance	$	152,635.10	HMIS Activities
MN-503 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	19,793.94	HMIS Activities
MN-503 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	1,477.18	HMIS Activities
MN-504 Minnesota DHS, St. Paul, MN	State Assistance	$	21,668.95	HMIS Activities
MN-504 Salvation Army Northern Division, Minneapolis, MN	HOPWA Sub-Recipient	$	3,225.00	HMIS Activities
MN-504 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	2,810.09	HMIS Activities
MN-504 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	209.71	HMIS Activities
MN-505 Minnesota DHS, St. Paul, MN	State Assistance	$	44,530.83	HMIS Activities
MN-505 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	5,774.75	HMIS Activities
MN-505 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	430.96	HMIS Activities
MN-506 Minneasota DHS, St. Paul, MN	State Assistance	$	11,547.97	HMIS Activities
MN-506 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	1,497.68	HMIS Activities
MN-506 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	1,947.26	HMIS Activities
MN-508 Minnesota DHS, St. Paul, MN	State Assistance	$	36,144.56	HMIS Activities
MN-508 City of Minneapolis, Minneapolis, MN	ESG	$	38,854.00	HMIS Activities
MN-508 City of St. Paul, St Paul, MN	ESG	$	11,757.00	HMIS Activities
MN-508 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	169.50	HMIS Activities
MN-508 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	349.80	HMIS Activities
MN-509 Minnesota DHS, St. Paul, MN	State Assistance	$	42,559.95	HMIS Activities
MN-509 St. Louis County, Minnesota	ESG	$	3,378.00	HMIS Activities
MN-509 St. Louis County, Minnesota	State Assistance	$	5,000.00	HMIS Activities
MN-509 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	199.59	HMIS Activities
MN-509 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	411.89	HMIS Activities
MN-511 Minnesota DHS, St. Paul, MN	State Assistance	$	38,464.32	HMIS Activities
MN-511 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	180.33	HMIS Activities
MN-511 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	372.25	HMIS Activities

Missouri HMIS Implementation

MO-501 Affordable Housing Trust Fund, St Louis, MO	State Assistance	$	86,700.00	HMIS Activities
MO-501 City of St. Louis, St Louis, MO	ESG	$	70,000.00	HMIS Activities

MO-501 City of St. Louis, St Louis, MO	ARPA	$	38,199.00	HMIS Activities
MO-501 City of St. Louis, St Louis, MO	ARPA	$	198,518.00	HMIS Activities
MO-600 Missouri Housing Development Commission	State Assistance	$	11,000.00	HMIS Activities
MO-600 Missouri Housing Development Commission	ESG	$	15,711.00	HMIS Activities
MO-603 Missouri Housing Development Commission	State Assistance	$	8,000.00	HMIS Activities
MO-603 Missouri Housing Development Commission	ESG	$	27,500.00	HMIS Activities
MO-606 Missouri Housing Development Commission	State Assistance	$	35,059.00	HMIS Activities
MO-606 Missouri Housing Development Commission	ESG	$	83,000.00	HMIS Activities
MO-600 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	3,148.00	HMIS Activities
MO-606 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	5,993.00	HMIS Activities
MO-501 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	7,000.00	HMIS Activities
MO-606 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	15,000.00	HMIS Activities
MO-600 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	19,903.00	HMIS Activities
MO-603 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	1,180.00	HMIS Activities
New Hampshire HMIS Implementation				
NH-500 State of New Hampshire	State Assistance	$	161,486.00	HMIS Activities
NH-500 State of New Hampshire	ESG	$	104,944.67	HMIS Activities
NH-500 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	36,874.00	HMIS Activities
NH-500 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	11,144.52	HMIS Activities
Omaha/Council Bluffs HMIS Implementation				
NE-501 City of Omaha, Omaha NE	ESG	$	14,500.00	HMIS Activities
NE-501 University of Nebraska at Lincoln, Lincoln NE	NHAP Funds	$	34,430.00	HMIS Activities
Vermont HMIS Implementation				
VT-500 Vermont Office of Economic Opportunity, Waterbury, VT	ESG	$	34,617.00	HMIS Activities
VT-500 Vermont Dept of Mental Health	PATH Sub-Recipient	$	3,000.00	HMIS Activities
VT-500 Vermont Coalition of Runaway & Homeless Youth, Montpelier	RHY Sub-Recipient	$	-	HMIS Activities
VT-500 University of Vermont Burlington, VT	SSVF Sub-Recipient	$	36,523.00	HMIS Activities
VT-500 Veteran's Inc.	SSVF Sub-Recipient	$	3,150.00	HMIS Activities
Wisconsin HMIS Implementation				
WI-500 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	10,577.00	HMIS Activities

WI-500	US Dept of Health and Human Services, Washington DC	PATH Sub-Recipient	$	12,995.90	HMIS Activities
WI-501	City of Milwaukee, Milwaukee, WI	ESG	$	5,000.00	HMIS Activities
WI-501	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	56,133.00	HMIS Activities
WI-502	City of Racine, Racine, WI	ESG	$	5,001.00	HMIS Activities
WI-503	City of Madison, Madison, WI	ESG	$	3,348.00	HMIS Activities
Wyoming HMIS Implementation					
WY-500	Wyoming Department of Family Services	ESG	$	15,000.00	HMIS Activities
WY-500	US Dept of Health and Human Services, Washington DC	PATH	$	5,336.00	HMIS Activities

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044

Expiration Date: 2/28/2027

Public reporting burden. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. HUD is authorized to collect this information under the authority cited in the Notice of Funding Opportunity for this grant program. The information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. This information is required to obtain the benefit sought in the grant program. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552).

Institute for Community Alliances

Applicant Name

CoC Program Funding

Program/Activity Receiving Federal Grant Funding

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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

Please see attached list

Check here if there are workplaces on file that are not identified on the attached sheets.

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).

Name of Authorized Official	Title
David Eberbach	CEO

Signature	Date
X David Eberbach Digitally signed by David Eberbach Date: 2025.12.01 14:54:09 -06'00'	12/1/2025

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

HUD Form 50070
Certification for a Drug-Free Workplace
December 1, 2025

Workplace Sites:
Iowa Statewide HMIS Network
Des Moines/Polk Co. & Balance of State
Omaha – Council Bluffs HMIS
1111 – 9th Street, Suite 380
Des Moines (Polk), IA 50314

Minnesota HMIS Projects – All CoCs
2550 University Avenue, W
St. Paul (Ramsey), MN 55114

Wisconsin HMIS Projects
Balance of State, Madison, and Racine
448 W. Washington Avenue
Second Floor
Madison (Dane), WI 53703

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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions to help navigate e-snaps.
- 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 from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/21/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	WI0206
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	Institute for Community Alliances
b. Employer/Taxpayer Identification Number (EIN/TIN):	42-1352902
c. Unique Entity Identifier:	FD8JNZNSLPN8
d. Address	
Street 1:	1111 9th Street
Street 2:	Suite 380
City:	Des Moines
County:	Polk
State:	Iowa
Country:	United States
Zip / Postal Code:	50314
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Mollie
Middle Name:	
Last Name:	Lyon
Suffix:	
Title:	Grants Manager
Organizational Affiliation:	Institute for Community Alliances
Telephone Number:	(515) 380-1925
Extension:	

Fax Number: (515) 246-6637
Email: mollie.lyon@icalliances.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Wisconsin

15. Descriptive Title of Applicant's Project: Racine CoC ICA Coordinated Entry

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MN-001, IL-016, MN-002, MN-003, MN-004, MN-005, MN-006, MN-007, MN-008, MO-001, MO-003, VT-000, MO-004, MO-005, MO-006, MO-007, MO-008, IA-001, NY-019, IA-002, IA-003, IA-004, ID-001, WI-001, WI-002, WI-003, WI-004, WI-005, WI-006, WI-007, WI-008, WY-000, NE-002, ME-001, ME-002, AK-000

b. Project: (for multiple selections hold CTRL key) WI-001

17. Proposed Project

a. Start Date: 05/01/2027

b. End Date: 04/30/2028

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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 2/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Institute for Community Alliances
Prefix:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Organizational Affiliation:	Institute for Community Alliances
Telephone Number:	(515) 246-6509
Extension:	
Email:	mollie.lyon@icalliances.org
City:	Des Moines
County:	Polk
State:	Iowa
Country:	United States
Zip/Postal Code:	50314

2. Employer ID Number (EIN): 42-1352902

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $91,241.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
See the list of other Government Assistance under part 5 - Other Attachments	See the list of other Government Assistance under part 5 - Other Attachments	$0.00	See the list of other Government Assistance under part 5 - Other Attachments

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: David Eberbach, Corporate Executive Officer

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

Date Signed: 09/21/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Institute for Community Alliances

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 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:	Mr.
First Name:	David
Middle Name	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1I. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Institute for Community Alliances

Name / Title of Authorized Official: David Eberbach, Corporate Executive Officer

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

Date Signed: 09/21/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:	Institute for Community Alliances
Street 1:	1111 9th Street
Street 2:	Suite 380
City:	Des Moines
County:	Polk
State:	Iowa
Country:	United States
Zip / Postal Code:	50314

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:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1K. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: Institute for Community Alliances
Prefix: Mr.
First Name: David

Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/21/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes to budget and match to reflect current award amounts.

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

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
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?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. 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 either the Expansion or 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.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

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 renewal project application requesting to consolidate or expand? 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: $0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WI0206
2. CoC Number and Name:	WI-502 - Racine City & County CoC
3. CoC Collaborative Applicant Name:	Homeless Assistance Leadership Organization, Inc.
4. Project Name:	Racine CoC ICA Coordinated Entry
5. Project Status:	Standard
6. Component Type:	SSO
6a. Please select the type of SSO project:	Coordinated Entry
7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?	No
9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
10. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

This Racine CoC Coordinated Entry System will use multiple access points. At each access point participants will receive a standardized pre-screening and assessment approach. All persons will be able to access CE at The HOPES Center, Burlington Transitional Living Center, Women's Resource Center, or Homeless Assistance Leadership Organization (HALO). Participants sleeping in emergency shelters will be connected to CE through the shelter case managers. Participants sleeping on the streets will be connected to CE through street outreach workers. When persons fleeing domestic violence present at any access point, the participant will have the option of connecting with services specifically designed to meet the unique needs of the subpopulation or using the general CE system.

The CE system will utilize a standard assessment approach. All participants in need of permanent housing will be assessed using the Racine CoC Homeless Assessment tool. The assessment process will be client-centered and allow for participant autonomy. Assessments will take place at all access points. All staff conducting assessments will be trained so that all assessments are conducted in the same manner. Assessors will use culturally and linguistically competent practices, and will conduct trauma-informed assessment of participants.

The referral process will be conducted through the HMIS. Staff at each access point will make referrals to the housing priority list, and staff at permanent housing agencies will accept referrals from the priority list. The CE Manager will oversee the referral process, and will direct the case managers and outreach workers to follow-up with participants on the priority list.

The CoC CE system will use standardized housing placement prioritization that will be determined through a report generated through HMIS. This report incorporates the housing prioritization ranking criteria. The CE system will utilize housing placement meetings in order to allow case workers an opportunity to provide additional information needed for housing prioritization.

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	X	Survivors	
Veterans		Substance Use Disorders	
Youth (under 25)		Mental Illness	
Families with Children		HIV/AIDS	

Chronic Homeless	☐
Other(Click 'Save' to update)	☐

3. As a renewal SSO-Coordinated Entry project update the following questions.

3a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

3b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Yes

3c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The CE System will use multiple access points. Information about access points will be provided to potential participants at emergency shelters serving adults and families, street outreach partners, and homeless prevention assistance providers. Information will also be provided through the Racine CoC website. Street outreach workers will connect participants living in places not meant for habitation to the CE System. Advertisement materials will be available in English and Spanish. The CE System will utilize a language access phone line to ensure that all participants are able to receive assistance.

3d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

3e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

Staff at each access point will make referrals to the housing priority list, and staff at permanent housing agencies will accept referrals from the priority list via email and case conferencing meetings and documented in HMIS. The CE Manager will oversee the referral process, making sure the access points make referrals for homeless participants and that housing agencies are taking referrals off the list. The

CE Manager will also direct the case managers to follow-up with participants on the priority list to determine if the participants are still in need of housing and need to remain the priority list. The CE System will also utilize bi-weekly housing placement meetings to prioritize participants. These meetings will be managed by the CE Manager. Housing placement meetings will provide case workers an opportunity to provide additional information needed for housing prioritization.

3f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children, (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness.	Yes

6A. Funding Request

VAWA Budget

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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	No
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	No
3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

Leased Structures	
Supportive Services	X
HMIS	
VAWA	X
Rural	

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.

6D. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$22,810
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$22,810

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	HALO Community Fu...	$22,810

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	HALO Community Funds and SCHIP Fees
4. Amount of Written Committment:	$22,810

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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 (Enter)	$0
2. Rental Assistance (Screen 6C)	$0
3. Supportive Services (Enter)	$85,843
4. Operating (Enter)	$0
5. HMIS (Enter)	$0
6. VAWA (Enter)	$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$85,843
9. Admin (Up to 10% of Sub-total in #8)	$5,398
10. HUD funded Sub-total + Admin. Requested	$91,241
11. Cash Match (From Screen 6D)	$22,810
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$22,810
14. Total Project Budget for this grant, including Match	$114,051

The minimum required Total Match amount for the Grant Term is $22,810.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Institute for Community Alliances

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type: Initial Submission

Effective Date: 07/24/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Mr.
First Name:	David
Middle Name:	
Last Name:	Eberbach
Suffix:	
Title:	Corporate Executive Officer
Telephone Number: (Format: 123-456-7890)	(515) 246-6509
Fax Number: (Format: 123-456-7890)	(515) 246-6637
Email:	mollie.lyon@icalliances.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 07/24/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 letter	08/05/2026
2) Other Attachment	No	2880	08/05/2026
3) Other Attachment	No	50070	08/05/2026

Attachment Details

Document Description: 501c3 letter

Attachment Details

Document Description: 2880

Attachment Details

Document Description: 50070

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title) U.S. Department of Housing and Urban Development OMB Approval No. 2501-0044 (expires 02/28/2027)

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: David Eberbach

Date: 09/21/2026

Title: Corporate Executive Officer

Applicant Organization: Institute for Community Alliances

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
1A. SF-424 Application Type	08/05/2026
1B. SF-424 Legal Applicant	08/05/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/05/2026
1E. SF-424 Compliance	08/05/2026
1F. SF-424 Declaration	08/05/2026
1G. HUD 2880	08/05/2026

1H. HUD-50070	08/05/2026
1I. Cert. Lobbying	08/05/2026
1J. SF-LLL	08/05/2026
1K. SF-424B	08/05/2026
Submission Without Changes	08/05/2026
Recipient Performance	08/05/2026
Renewal Grant Consolidation or Renewal Grant Expansion	08/05/2026
2A. Subrecipients	No Input Required
3A. Project Detail	08/05/2026
3B. Description	08/05/2026
6A. Funding Request	08/05/2026
6D. Match	08/05/2026
6E. Summary Budget	No Input Required
Indirect Cost Information	08/05/2026
7A. Attachment(s)	No Input Required
7B. Certification	08/05/2026

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
May 20, 2022
Employer ID number:
42-1352902
Form 990 required:
990, YES
Person to contact:
Name: J. SHERMAN
ID number: 0195277

INSTITUTE FOR COMMUNITY ALLIANCES
1111 9TH ST STE 380
DES MOINES, IA 50314

Dear Sir or Madam:

We're responding to your request dated July 07, 2021, about your tax-exempt status.

We issued you a determination letter in April 1991, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

HUD Form 2880: Government Funding Sources Listing - Institute for Community Alliances

CoC	Gov Agency/Department	Type of Assistance	Amount Provided	Expected Use of Funds
Alaska HMIS Implementation				
AK-501	Alaska Housing Finance	State Assistance	$ 128,377.00	HMIS Activities
AK-500	Alaska Housing Finance	State Assistance	$ 43,999.00	HMIS Activities
AK-501	State Health Department	State Assistance	$ 85,420.26	HMIS Activities
AK-500	Municipality of Anchorage	State Assistance	$ 156,500.61	HMIS Activities
Illinois HMIS Implementation				
IL-501	City of Rockford	ESG	$ 30,000.00	HMIS Activities
IL-501	TLS Veterans	SSVF Sub-Recipient	$ 10,793.00	HMIS Activities
Idaho HMIS Implementation				
ID-500	City of Boise/Ada County	City Assistance	$ 180,000.00	HMIS Activities
Iowa HMIS Implementation				
IA-501	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	ESG	$ 55,000.00	HMIS Activities
IA-501	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	Shelter Assistance Fund	$ 54,625.00	HMIS Activities
IA-501	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	HOPWA Sub-Recipient	$ 27,224.00	HMIS Activities
IA-501	Iowa Depart of Human Services, Des Moines, IA	PATH Sub-Recipient	$ 8,000.00	HMIS Activities
IA-501	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 50,770.00	HMIS Activities
IA-502	City of Des Moines, Des Moines, IA	ESG	$ 25,916.00	HMIS Activities
IA-502	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	ESG	$ 9,175.00	HMIS Activities
IA-502	Iowa Finance Authority, 2015 Grand Ave. Des Moines, IA	Shelter Assistance Fund	$ 9,175.00	HMIS Activities
IA-502	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 36,680.00	HMIS Activities
Minnesota HMIS Implementation				
MN-500	Minnesota DHS, St. Paul, MN	State Assistance	$ 559,551.72	HMIS Activities
MN-500	Hennepin County Human Services, Minneapolis, MN	ESG	$ 5,111.00	HMIS Activities
MN-500	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 42,473.74	HMIS Activities
MN-500	US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$ 11,118.52	HMIS Activities
MN-501	Minnesota DHS, St. Paul, MN	State Assistance	$ 165,199.40	HMIS Activities
MN-501	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$ 21,236.87	HMIS Activities

MN-501 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	5,214.52	HMIS Activities
MN-502 Minnesota DHS, St. Paul, MN	State Assistance	$	67,697.20	HMIS Activities
MN-502 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	8,778.96	HMIS Activities
MN-502 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	655.16	HMIS Activities
MN-503 Minnesota DHS, St. Paul, MN	State Assistance	$	152,635.10	HMIS Activities
MN-503 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	19,793.94	HMIS Activities
MN-503 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	1,477.18	HMIS Activities
MN-504 Minnesota DHS, St. Paul, MN	State Assistance	$	21,668.95	HMIS Activities
MN-504 Salvation Army Northern Division, Minneapolis, MN	HOPWA Sub-Recipient	$	3,225.00	HMIS Activities
MN-504 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	2,810.09	HMIS Activities
MN-504 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	209.71	HMIS Activities
MN-505 Minnesota DHS, St. Paul, MN	State Assistance	$	44,530.83	HMIS Activities
MN-505 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	5,774.75	HMIS Activities
MN-505 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	430.96	HMIS Activities
MN-506 Minneasota DHS, St. Paul, MN	State Assistance	$	11,547.97	HMIS Activities
MN-506 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	1,497.68	HMIS Activities
MN-506 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	1,947.26	HMIS Activities
MN-508 Minnesota DHS, St. Paul, MN	State Assistance	$	36,144.56	HMIS Activities
MN-508 City of Minneapolis, Minneapolis, MN	ESG	$	38,854.00	HMIS Activities
MN-508 City of St. Paul, St Paul, MN	ESG	$	11,757.00	HMIS Activities
MN-508 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	169.50	HMIS Activities
MN-508 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	349.80	HMIS Activities
MN-509 Minnesota DHS, St. Paul, MN	State Assistance	$	42,559.95	HMIS Activities
MN-509 St. Louis County, Minnesota	ESG	$	3,378.00	HMIS Activities
MN-509 St. Louis County, Minnesota	State Assistance	$	5,000.00	HMIS Activities
MN-509 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	199.59	HMIS Activities
MN-509 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	411.89	HMIS Activities
MN-511 Minnesota DHS, St. Paul, MN	State Assistance	$	38,464.32	HMIS Activities
MN-511 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	180.33	HMIS Activities
MN-511 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	372.25	HMIS Activities

Missouri HMIS Implementation

MO-501 Affordable Housing Trust Fund, St Louis, MO	State Assistance	$	86,700.00	HMIS Activities
MO-501 City of St. Louis, St Louis, MO	ESG	$	70,000.00	HMIS Activities

MO-501 City of St. Louis, St Louis, MO	ARPA	$	38,199.00	HMIS Activities
MO-501 City of St. Louis, St Louis, MO	ARPA	$	198,518.00	HMIS Activities
MO-600 Missouri Housing Development Commission	State Assistance	$	11,000.00	HMIS Activities
MO-600 Missouri Housing Development Commission	ESG	$	15,711.00	HMIS Activities
MO-603 Missouri Housing Development Commission	State Assistance	$	8,000.00	HMIS Activities
MO-603 Missouri Housing Development Commission	ESG	$	27,500.00	HMIS Activities
MO-606 Missouri Housing Development Commission	State Assistance	$	35,059.00	HMIS Activities
MO-606 Missouri Housing Development Commission	ESG	$	83,000.00	HMIS Activities
MO-600 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	3,148.00	HMIS Activities
MO-606 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	5,993.00	HMIS Activities
MO-501 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	7,000.00	HMIS Activities
MO-606 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	15,000.00	HMIS Activities
MO-600 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	19,903.00	HMIS Activities
MO-603 US Dept of Health and Human Services, Washington DC	PATH sub-recipient	$	1,180.00	HMIS Activities
New Hampshire HMIS Implementation				
NH-500 State of New Hampshire	State Assistance	$	161,486.00	HMIS Activities
NH-500 State of New Hampshire	ESG	$	104,944.67	HMIS Activities
NH-500 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	36,874.00	HMIS Activities
NH-500 US Dept of Health and Human Services, Washington DC	RHY Sub-Recipient	$	11,144.52	HMIS Activities
Omaha/Council Bluffs HMIS Implementation				
NE-501 City of Omaha, Omaha NE	ESG	$	14,500.00	HMIS Activities
NE-501 University of Nebraska at Lincoln, Lincoln NE	NHAP Funds	$	34,430.00	HMIS Activities
Vermont HMIS Implementation				
VT-500 Vermont Office of Economic Opportunity, Waterbury, VT	ESG	$	34,617.00	HMIS Activities
VT-500 Vermont Dept of Mental Health	PATH Sub-Recipient	$	3,000.00	HMIS Activities
VT-500 Vermont Coalition of Runaway & Homeless Youth, Montpelier	RHY Sub-Recipient	$	-	HMIS Activities
VT-500 University of Vermont Burlington, VT	SSVF Sub-Recipient	$	36,523.00	HMIS Activities
VT-500 Veteran's Inc.	SSVF Sub-Recipient	$	3,150.00	HMIS Activities
Wisconsin HMIS Implementation				
WI-500 US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	10,577.00	HMIS Activities

WI-500	US Dept of Health and Human Services, Washington DC	PATH Sub-Recipient	$	12,995.90	HMIS Activities
WI-501	City of Milwaukee, Milwaukee, WI	ESG	$	5,000.00	HMIS Activities
WI-501	US Dept of Veterans Affairs, Washington, DC	SSVF Sub-Recipient	$	56,133.00	HMIS Activities
WI-502	City of Racine, Racine, WI	ESG	$	5,001.00	HMIS Activities
WI-503	City of Madison, Madison, WI	ESG	$	3,348.00	HMIS Activities
Wyoming HMIS Implementation					
WY-500	Wyoming Department of Family Services	ESG	$	15,000.00	HMIS Activities
WY-500	US Dept of Health and Human Services, Washington DC	PATH	$	5,336.00	HMIS Activities

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044

Expiration Date: 2/28/2027

Public reporting burden. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. HUD is authorized to collect this information under the authority cited in the Notice of Funding Opportunity for this grant program. The information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. This information is required to obtain the benefit sought in the grant program. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552).

Institute for Community Alliances

Applicant Name

CoC Program Funding

Program/Activity Receiving Federal Grant Funding

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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

Please see attached list

Check here if there are workplaces on file that are not identified on the attached sheets.

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).

Name of Authorized Official	Title
David Eberbach	CEO

Signature	Date
X David Eberbach Digitally signed by David Eberbach Date: 2025.12.01 14:54:09 -06'00'	12/1/2025

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

HUD Form 50070
Certification for a Drug-Free Workplace
December 1, 2025

Workplace Sites:
Iowa Statewide HMIS Network
Des Moines/Polk Co. & Balance of State
Omaha – Council Bluffs HMIS
1111 – 9th Street, Suite 380
Des Moines (Polk), IA 50314

Minnesota HMIS Projects – All CoCs
2550 University Avenue, W
St. Paul (Ramsey), MN 55114

Wisconsin HMIS Projects
Balance of State, Madison, and Racine
448 W. Washington Avenue
Second Floor
Madison (Dane), WI 53703

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 2026 CoC Program grant competition.
- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2026 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program Competition NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 2026 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:	09/30/2026
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:	Homeless Assistance Leadership Organization, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN):	20-2041432
c. Unique Entity Identifier:	ZQQJVKDCL815
d. Address	
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403
e. Organizational Unit (optional)	
Department Name:	
Division Name:	
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Melissa
Middle Name:	
Last Name:	Taggart
Suffix:	
Title:	HMIS/Grant Compliance Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.
Telephone Number:	(262) 902-3150

Extension:
Fax Number: (262) 633-7374
Email: mtaggart@haloinc.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

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): (for multiple selections hold CTRL+Key) Wisconsin

15. Descriptive Title of Applicant's Project: CoC Planning Project FY2026

16. Congressional District(s):

a. Applicant: WI-001

b. Project: WI-001

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 02/01/2027

b. End Date: 01/31/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Homeless Assistance Leadership Organization, Inc.
Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Homeless Assistance Leadership Organization, Inc.
Telephone Number:	(262) 633-3235
Extension:	
Email:	ymacdonald@haloinc.org
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip/Postal Code:	53403

2. Employer ID Number (EIN): 20-2041432

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $131,946.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	CoC	$292,864.00	PSH project
HUD	CoC	$433,272.00	TH project
HUD	CoC	$165,000.00	SSO project
HUD	Planning Grant	$131,946.00	Planning Grant
N/A	N/A	$0.00	N/A

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:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Homeless Assistance Leadership Organization, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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 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:	Yvonne
Middle Name	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization:	Homeless Assistance Leadership Organization, Inc.
Name / Title of Authorized Official:	Yvonne MacDonald-Hames, Executive Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB: 4040-0013 (exp. 02/28/2026)

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:	Homeless Assistance Leadership Organization, Inc.
Street 1:	2000 DeKoven Avenue, Unit 1
Street 2:	
City:	Racine
County:	Racine
State:	Wisconsin
Country:	United States
Zip / Postal Code:	53403

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:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

IK. SF-424B

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

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

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: Homeless Assistance Leadership Organization, Inc.

Prefix: Ms.

First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2026

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

2A. Project Detail

1. CoC Number and Name: WI-502 - Racine City & County CoC

2. Collaborative Applicant Name: Homeless Assistance Leadership Organization, Inc.

3. Project Name: CoC Planning Project FY2026

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:

Grant funds primarily support staff to carry out the Collaborative Applicant's (CA) responsibility to prepare and submit the collaborative application, as well as responsibilities delegated to the CA; and staff to support the CoC to carry out its responsibilities.
Staff work closely with CoC Leadership, membership, and the community on the overall strategy to address homelessness in the City and County of Racine. Staff facilitate committee and workgroup meetings, maintain meeting minutes and attendance records, communicate with the membership and community, including recruiting new members and Board members.
Staff collaborate with the HMIS Lead Agency to monitor agency participation in HMIS, privacy & security compliance, data quality, and compliance with HUD and CoC standards.
Staff participate in the coordination of system delivery & system performance, point-in-time & gap analyses, Consolidated Plan and Annual Action Plan review and input with 2 ESG jurisdictions, coordination of State of Wisconsin and City of Racine ESG applications, and performance monitoring of ESG projects.
Collaborative Applicant staff work closely with CoC providers and stakeholders to prepare and submit the CoC NOFO, as well as oversee monitoring and evaluation of CoC-funded projects.
One of the objectives for this funding cycle is to develop a more efficient, cohesive, and coordinated service delivery system. Included in this objective is the development of best practices and strategies to effectively address substance use and serious mental health disorders in the homeless population. Another priority is the development of programs addressing barriers to employment, and employment opportunities. Diversion is being explored as a strategy to decrease the number of individuals experiencing first time homelessness and returns to homelessness. The following activities will continue or be implemented over the next funding cycle.
1. Continue analysis of system performance metrics, specifically length of time homeless and number of first-time homeless, using the data collected from our system performance qualitative study and quantitative figures.
2. Increase organizational and individual membership, and active participation in the CoC. Our membership has experienced a decline in membership meetings and committee/workgroup activities since COVID, and while undergoing the process to change the Collaborative Applicant. Re-implementing our quarterly speaker and training meetings, in addition to quarterly membership meetings, are instrumental to creating awareness of programs and resources available to CoC members and the community. Resuming hybrid in person/virtual meetings rather than virtual meetings will increase unity and collaboration among members and the community.
3. Provide leadership and structure to our committees and workgroups. An ad hoc committee is currently evaluating our committee/workgroup structure, including committee/workgroup role descriptions. Goals and objectives will follow. Additional support and mentoring will be provided to new workgroups and committees, such as the Housing Workgroup and Professional Development and Training Workgroup to encourage participation.

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

First Quarter: January – March 2027
Structure, goals, & outcomes will be finalized for committees/workgroups. Ownership of tasks will be established to accomplish goals and outcomes for 2027. For example: Rating, Ranking, & Evaluation (RR&E) Committee, together with the Monitoring Workgroup, will develop evaluation goals and a monitoring schedule. To increase participation by youth (18-24) and people with lived experience they will develop a strategy for recruitment.

Second Quarter: April – June 2027
Continuation of task ownership toward completion of goals, and adjustments as needed, to keep focus on mission, vision,, and member values as they relate to the CoC's overall structure and governance. Review and assess first-quarter activities and revise as needed to achieve outcomes and measures. For example: The Rating, Ranking, & Evaluation Committee, together with the Monitoring work group, may identify a goal of conducting their evaluation in conjunction with the Monitoring Workgroup Results will be shared with agencies and the Board of Directors to keep agencies focused on basic reporting requirements and other identified metrics.

Third Quarter: July – September 2027
Committees and Workgroups will continue to follow through on task ownership to complete identified goals, ensuring they stay focused on mission, vision, and member values and align with the CoC's overall structure and governance. They will review and assess second-quarter activities and revise as needed to maintain focus on established priorities. Committee/Workgroup Chairs will submit a written report on results to the Alliance (name of CoC) Director for presentation to the BOD and Alliance membership. For example, RR&E, together with the Monitoring Workgroup, will review the scoring tool used to assess agency performance and whether the metrics accurately measured project performance.

Fourth Quarter: October – December 2027
Committees and Workgroups will review third-quarter activities & report their accomplishments to the Board of Directors and CoC membership. They will solicit feedback from committees, workgroup members, & the larger CoC membership.

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

Funds will be used to evaluate the outcomes of COC and ESG projects. Activities will include consultation with the 2 ESG jurisdictions regarding the allocation of ESG funds, development of the ESG applications and certification plans for applicants, ensuring compliance with COC policies, monitoring and evaluating project performance using HMIS-generated reports, and establishing goals, standards, and performance criteria for ESG projects that are consistent with CoC goals, standards, and performance criteria.

In addition to CoC monitoring of CoC and ESG funded projects, HUD contacts CoC project monitoring, and the City of Racine and State of Wisconsin conduct ESG monitoring. Funding under this planning grant will allow for increased Technical Assistance to projects to clarify Coordinated Entry (CE) reporting requirements, current HUD goals and objectives, and record-keeping required for proper documentation. The Alliance (CoC name) Director and CoC Coordinator will continue working closely with Alliance committees to ensure goals and objectives are met, and new initiatives are implemented as planned.

3A. Governance and Operations

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

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:	X
Votes, including electing Coc Board:	X
Sits on CoC Board:	X
None:	

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 Committee	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Board of Directors (BoD)	Charged with Final decision making regarding CoC & ESG	Bi-Monthly	Legal Action, HALO, SAFE Haven, WRC/Bethany DV Shltr, Racine Comm Fndn, McKinney Vento RUS District, Cntr for Vets Issues, Lvig Kndness Transitional Hsng, 1st Baptist Church, Burlington Transitional Living Cntr, Inst. for Comm Alliances, Dept of Cor
Rating, Ranking, & Evaluation Committee	This work group ranks and selects projects for HUD CoC and ESG funding and is responsible for reviewing and evaluating projects for effectiveness. Reports to BoD	Quarterly	Racine Community Foundation, Racine City Community Member, Racine Revitalization Partnership, United Way of Racine County
System Performance	Complete of the System Performance and Analysis survey Development of strategies for Length Of Time Homeless, and Returns To Homelessness based on survey and community responses. Review System Performance Measure portions of the HUD CoC Notice of Funding Opportunities (NOFO) process Reports to HMIS Committee	Monthly	City of Racine Attny Office & Dept of Cmnty Devt, Institute for Community Alliances (HMIS Lead), HALO shelter, HOPES Center, 1stBaptist Church, Racine Community Member, LSS: WI Veteran Affairs- Veteran Housing & Recovery Prog
Point in Time Workgroup	Plans the January & June Point in Time. Data is reported to the Collaborative Applicant (HALO) & HMIS Lead Agency (Institute for Community Alliances) Reports to HMIS Commmittee	Semi-Annually	Legal Action, SAFE Haven, HALO, Burlington Transitional Housing, Loving Kindness Transitional Living Cntr, Cntr 4 Vets Issues, Hospitality Cntr, HOPES Cntr, St. Luke's Episcopal Church, WI Dept. of Vets Affairs Housing & Recvry Prog
HMIS Committee	The HMIS Committee is responsible for developing policies and procedures, identifying training needs and opportunities, and overseeing agency data quality. The committee provides oversight to the Point in Time Workgroup. HMIS Committee oversees: PIT workgroup, System Performance Workgroup & Evaluation and Monitoring. The committee reports directly to the BoD	Monthly	HALO shelter, Inst. for Comm Alliances. Cntr 4 Veterans Issues, HOPES Cntr Legal Action, Racine Vocational Ministry, SAFE Haven, WRC/Bethany DV Shelter

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 Amount of Cash Commitments:	$0
Total Amount of In-Kind Commitments:	$32,987
Total Amount of All Commitments:	$32,987

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	Racine County Sta...	$32,987

Sources of Match Details

1. Type of Match Commitment:	In-Kind
2. Source:	Government
3. Name of source: (Be as specific as possible and include the office or grant program as applicable)	Racine County Staff, Alliance Members
4. Amount of Written Commitment:	$32,987

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 15, 2027? Yes

2. 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	40% 1.5 - 2 FTE, benefits, payroll taxes, mileage; lived experience stipends, training, contract personnel	$52,779
2. Project Evaluation	15% 1.5 - 2 FTE, benefits, payroll taxes, mileage, contract personnel	$19,791
3. Project Monitoring Activities	15% 1.5 - 2 FTE, benefits, payroll tax, mileage, contract personnel	$19,791
4. Participation in the Consolidated Plan	5% 1.5 - 2 FTE, benefits, payroll tax, mileage	$6,597
5. CoC Application Activities	15% 1.5 - 2 FTE, benefits, payroll tax, mileage, contract personnel	$19,791
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	5% 1.5 - 2 FTE, benefits, payroll taxes, mileage, website, D & O insurance, training, lived experience stipends, membership fees, contract personnel	$6,600
8. HUD Compliance Activities	5% 1.5 - 2 FTE, benefits, payroll taxes, mileage, contract personnel	$6,597
Total Costs Requested		$131,946
Cash Match		$0
In-Kind Match		$32,987
Total Match		$32,987
Total Budget		$164,933

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

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	Homeless Assistance Leadership Organization, Inc.

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Yvonne
Middle Name:	
Last Name:	MacDonald-Hames
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 633-3235
Fax Number: (Format: 123-456-7890)	(262) 633-7374
Email:	ymacdonald@haloinc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

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

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: Yvonne MacDonald-Hames

Date: 09/30/2026

Title: Executive Director

Applicant Organization: Homeless Assistance Leadership Organization, Inc.

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

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/21/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2026
1E. SF-424 Compliance	09/22/2026
1F. SF-424 Declaration	09/22/2026
1G. HUD 2880	09/22/2026
1H. HUD 50070	09/22/2026
1I. Cert. Lobbying	09/22/2026

1J. SF-LLL	09/22/2026
IK. SF-424B	09/22/2026
2A. Project Detail	09/22/2026
2B. Description	09/30/2026
3A. Governance and Operations	09/30/2026
3B. Committees	09/30/2026
4A. Match	09/30/2026
4B. Funding Request	09/30/2026
Indirect Cost Information	09/30/2026
5A. Attachment(s)	No Input Required
5A. In-Kind MOU Attachment	No Input Required
5B. Certification	09/29/2026