

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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Yvonne

Middle Name:

Last Name: MacDonald-Hames

Suffix:

Title: Executive Director

Telephone Number: (262) 633-3235
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

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 \$433,272.00****Requested/Received:**

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	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 Federal agency 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: (262) 633-3235
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

Email: ymacdonald@haloinc.org

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

Date Signed: 09/29/2026

11. 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. ☒

Authorized Representative

Prefix: Ms.

First Name: Yvonne

Middle Name:

Last Name: MacDonald-Hames

Suffix:

Title: Executive Director

Telephone Number: (262) 633-3235
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

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: ☒

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 No
OIG audit findings for any HUD grants (including
ESG) under your organization?**

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 appropriate.

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 manager 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	☒	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 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 -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	☒
Leased Structures	☐
Rental Assistance	☐
Supportive Services	☒
Operating	☒
HMIS	☒
VAWA	☒

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? No
(13 to 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:	\$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

Applicant: Homeless Assistance Leadership Organization, Inc.

197567089

Project: HALO Transitional Housing FY2026

230651

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: Occupancy fees

(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$25,000

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Donations

(Be as specific as possible and include the office
or grant program as applicable)

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.	☒
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:

X

**** 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)).**

Authorized Representative:

Prefix: Ms.

First Name: Yvonne

Middle Name:

Last Name: MacDonald-Hames

Suffix:

Title: Executive Director

Telephone Number: (262) 633-3235
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

Email: ymacdonald@haloinc.org

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

Applicant: Homeless Assistance Leadership Organization, Inc.

197567089

Project: HALO Transitional Housing FY2026

230651

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
1K. 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: WI0115

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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): Wisconsin
(for multiple selections hold CTRL key)

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

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: 05/01/2025

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: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Gai

Middle Name:

Last Name: Lorenzen

Suffix:

Title: Grant Preparer

Telephone Number: (414) 573-9913
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
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 Federal agency 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: (414) 573-9913
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

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. ☒

Authorized Representative

Prefix: Ms.

First Name: Gai

Middle Name:

Last Name: Lorenzen

Suffix:

Title: Grant Preparer

Telephone Number: (414) 573-9913
(Format: 123-456-7890)

Fax Number: (262) 633-7374
(Format: 123-456-7890)

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: ☒

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		☒
3B. Description		☐
3C. Dedicated Plus		☐
Part 4 - Housing Services and HMIS		
4A. Services		☐
4B. Housing Type		☒
Part 5 - Participants and Outreach Information		
5A. Households		☐
5B. Subpopulations		☐
Renewal Project Application FY2024	Page 22	09/29/2026

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

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): WI0115

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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? No
(Attachment Requirement)

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, budgeting/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	☒	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	☒
Active or history of substance use	☒
Having a criminal record with exceptions for state-mandated restrictions	☒
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	☒
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	☒
Failure to make progress on a service plan	☒
Loss of income or failure to improve income	☒
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	☒
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"? DedicatedPLUS
(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).

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										

Applicant: Homeless Assistance Leadership Organization, Inc.

197567089

Project: APOMO PSH FY2024

WI0115L5I022413

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-term 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	☒
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: Participant program fees
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$10,000

Sources of Match Detail

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

Renewal Project Application FY2024	Page 54	09/29/2026
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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