

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: 08/29/2022

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: Lutheran Social Services of Wisconsin and Upper Michigan, In

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-0816846

c. Unique Entity Identifier: P8A4N1A17JD3

d. Address

Street 1: 6737 W. Washington Street, Suite 2275

Street 2:

City: West Allis

County: Milwaukee

State: Wisconsin

Country: United States

Zip / Postal Code: 53214

e. Organizational Unit (optional)

Department Name: Homeless Programs

Division Name:

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

Prefix: Mr.

First Name: Dennis

Middle Name:

Last Name: Hanson

Suffix:

Title: Vice President

Organizational Affiliation: Lutheran Social Services of Wisconsin and Upper Michigan, In

Telephone Number: (414) 246-2711

Extension:

Fax Number: (414) 246-2524

Email: Dennis.Hanson@lsswis.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-6600-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Welcome Home Racine

16. Congressional District(s):

16a. Applicant: WI-004

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

17. Proposed Project

a. Start Date: 07/01/2023

b. End Date: 06/30/2024

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: Michelle

Middle Name:

Last Name: Naples

Suffix:

Title: Chief Integration Officer

Telephone Number: (414) 246-2300
(Format: 123-456-7890)

Fax Number: (414) 246-2524
(Format: 123-456-7890)

Email: Michelle.Naples@lsswis.org

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

Date Signed: 08/29/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Lutheran Social Services of Wisconsin and Upper Michigan, In

Prefix: Ms.

First Name: Michelle

Middle Name:

Last Name: Naples

Suffix:

Title: Chief Integration Officer

Organizational Affiliation: Lutheran Social Services of Wisconsin and Upper Michigan, In

Telephone Number: (414) 246-2300

Extension:

Email: Michelle.Naples@lsswis.org

City: West Allis

County: Milwaukee

State: Wisconsin

Country: United States

Zip/Postal Code: 53214

2. Employer ID Number (EIN): 39-0816846

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$82,495.00

(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. 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Michelle Naples, Chief Integration Officer

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

Date Signed: 08/29/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lutheran Social Services of Wisconsin and Upper Michigan, In

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Michelle

Middle Name:

Last Name: Naples

Suffix:

Title: Chief Integration Officer

Telephone Number: (414) 246-2300
(Format: 123-456-7890)

Fax Number: (414) 246-2524
(Format: 123-456-7890)

Email: Michelle.Naples@lsswis.org

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

Date Signed: 08/29/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Lutheran Social Services of Wisconsin and Upper Michigan, In

Name / Title of Authorized Official: Michelle Naples, Chief Integration Officer

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

Date Signed: 08/29/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

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

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

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

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

Legal Name: Lutheran Social Services of Wisconsin and Upper Michigan, In
Street 1: 6737 W. Washington Street, Suite 2275
Street 2:
City: West Allis
County: Milwaukee
State: Wisconsin
Country: United States
Zip / Postal Code: 53214

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: Michelle
Middle Name:
Last Name: Naples
Suffix:
Title: Chief Integration Officer
Telephone Number: (414) 246-2300
(Format: 123-456-7890)
Fax Number: (414) 246-2524
(Format: 123-456-7890)
Email: Michelle.Naples@lsswis.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2022

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Lutheran Social Services of Wisconsin and Upper Michigan, In

Prefix: Ms.

First Name: Michelle

Middle Name:

Last Name: Naples

Suffix:

Title: Chief Integration Officer

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

Date Signed: 08/29/2022

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

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.

Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (LSS) has a proven record of successfully and effectively utilizing and managing federal funds designated for the provision of services to homeless populations. LSS has administered Transitional Housing (TH) programs funded under the Housing and Urban Development (HUD) Continuum of Care Program (CoC) for almost two decades. Current HUD CoC funded RRH programs serve youth, adults, and families experiencing homelessness and include rental assistance, comprehensive case management (including needs assessment and goal planning), skill building activities, and referral to local resources that provide supplemental services including behavioral health counseling, medical services, legal services and advocacy, childcare, transportation, and employment and educational programs and services. Case managers also assist participants in accessing mainstream benefits. LSS housing case management staff assist a majority of program participants in successfully transitioning to permanent housing in less than the allocated time, thereby maximizing available funding by providing opportunities for a greater number of program participants.

LSS also has experience in providing services for youth and young adults experiencing homelessness under funding provided by the Department of Health and Human Services (HHS) Administration for Children and Families (ACF). The agency provided a Basic Center Program for Runaway and Homeless Youth (RHY) focused on the needs of RHY under 18 years of age since for 15 years. HHS funding was also received to support a Street Outreach program and Transitional Living Program; these programs were also provided by LSS for 15 years and have recently been reintroduced under state RHY funding.

LSS also provides residential reentry and home confinement services utilizing funding from the Federal Bureau of Prisons and Refugee Resettlement services with funding from the Office of Refugee Resettlement.

Successful, long-term management of each of the highlighted federal programs and their programmatic similarities to the proposed RRH program will ensure that LSS has the experience and capacity to successfully perform the activities proposed in the application, given funding and time limitations. This past experience also ensures that LSS understands the need and has the expertise to maximize grant dollars to effectively serve the greatest number of participants.

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

The LSS administered federal and state housing assistance grants all require matching funds; securing these funds has provided LSS with extensive experience in leveraging match dollars from a variety of other sources including ESG funds, United Way dollars, foundation and corporate grants, church donations, and in-kind gifts from a variety of sources.

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

LSS is governed by a Board of Directors representing Wisconsin and Upper Michigan. The LSS President/CEO oversees three business units which are each administered by the Chief Operating Officer. The Chief Operating Officer oversees Vice Presidents who in turn supervise Directors of Programs. Directors supervise Program Managers and Supervisors who deal with the day to day operations and staff supervision of individual programs.

Overall corporate fiscal management rests with the CFO who is located in West Allis, Wisconsin. Each business unit within the agency is assigned a financial analyst who oversees budget and financial management for specific programs. The financial analyst for this project is located in West Allis, Wisconsin. The Vice President of the business unit has overall responsibility for the financial management and oversight of all housing and homeless assistance programs. The accounts payable department and financial services located in West Allis, Wisconsin, in collaboration with the Director of Programs located in Beaver Dam, Wisconsin handle the daily financial management requirements.

LSS programs are maintained in accordance with the principles of fund accounting; resources for various purposes are classified for accounting and reporting purposes into funds established according to their nature and purpose. The accrual basis of accounting is utilized in measuring financial position and operating results. Revenues are recognized in the accounting period in which they become available and measurable. Expenditures are recognized in the accounting period in which the liability is incurred. Accounting records are kept up to date and balanced monthly. Journal entries are explained and supported. Financial statements are reviewed by the Board of Directors and are measured against the budget. Variances are checked and appropriate action taken. Financial statements are made available to the Board of Directors for regular review. Annual audits by an outside auditing firm are required.

**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: Welcome Home Racine

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

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

LSS proposes to provide a PH-RRH project that will address the core components of RRH programming including housing identification, move-in and rent assistance, and RRH case management and services. The Welcome Home Racine program will focus housing identification services on assisting households experiencing homelessness in identifying and securing permanent housing quickly despite issues that may make securing housing challenging (e.g. criminal history, poor rental history, no income, etc.). LSS has extensive experience in developing good, long-term, working relationships with local landlords which will facilitate access to housing and will help to ensure that permanent housing units are safe and appropriate. In addition to working with local landlords, the case manager will also educate clients on issues including but not limited to lease agreements, tenant rights, and household budgeting as a means to ensure that participants have the knowledge and skills that will allow them to remain in housing for the long-term.

Once safe, appropriate, and affordable housing is identified, the case manager will provide the participant with short-term rent and move-in assistance and will connect them to services that will allow them to move into housing quickly and to stabilize. The case manager will assess participant needs and may assist in paying security deposits, rent, utility deposits, or other move-in expenses; this assistance is provided without preconditions. Central to the PH-RRH model is the belief that once housed the ability of households to address their needs, including securing or increasing income, will be greatly improved. Throughout this phase of service the case manager will continue to assess household needs and to individualize assistance; in this way, RRH resources can be maximized for the benefit of the greatest number of households.

RRH case management and services will assist households in identifying, securing, and moving into permanent housing; will support participants as they stabilize in housing; and will, through assessment of strengths and needs, connect households to mainstream services and community supports that will assist them in meeting their needs. As the Welcome Home Racine case manager will only provide short-term support and assistance to households, it will be essential to housing stability and permanence for the household to develop or build upon an ongoing support system. RRH case management services are highly individualized and designed to address the specific, short-term needs of households by connecting them with supports and services such as education and employment services, mental health and substance use disorder treatment, legal services, child care, and transportation. In cases where a household wants to engage in longer-term services to support ongoing needs, the case manager will connect the household to community-based services designed to address their specific long-term needs.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity	180			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

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	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?
Select all that apply.

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

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

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

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Each program participant will have has a primary goal to obtain and remain in permanent housing. The case manager will work in collaboration with the participant and local resources to identify, apply for, and obtain permanent housing. Progress toward this primary goal will be assessed on a weekly basis and expectations with timelines will be included in all service plans and updated as needed. Those participants not showing satisfactory progress toward meeting this goal will be provided with assistance and additional tools to help them in transitioning to permanent housing. Continuing case management services will be provided post placement in permanent housing and will include those services identified as being beneficial to the client's continued progress toward self-sufficiency including, but not limited to, educational and employment services, life skills programming, and referral to mental health or substance use disorder treatment, if appropriate.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

The housing case manager will complete an assessment with all program participants. This assessment will identify areas in need of additional services as well as identifying potential eligibility for these additional services (i.e. Veterans benefits). The case manager will then work with program participants to engage additional community supports such as job skill enhancement through the Job Center, employment training possibilities through the Department of Vocational Rehabilitation, financial assistance through Social Security/Social Security Disability, and assistance in securing essential basic necessities such as those available through food share programs/pantries. The preceding is intended to be representative of the action items and collateral resources the case manager would engage to reduce the barriers to self-sufficiency.

3. 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	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

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

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. 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: 6

Total Beds: 6

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	6	6	

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:** 6

2b. **Beds:** 6

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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2000 Domanik Road

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53404

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

559101 Racine County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	9	0	9
	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	7		7
Persons ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	9	0	9

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

Services will be open to single adults aged 18 and older prioritized for RRH.

6A. Funding Request

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

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

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

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$47,772
Total Units:			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Racine, WI MSA (5510199999)	6	\$47,772

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 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 rents in the chart below.

Size of Units: These options are system generated. 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 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

Type of Rental Assistance: TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months				Total Request (Applicant)
SRO		x	\$464	x	12		=		\$0
0 Bedroom	3	x	\$619	x	12		=		\$22,284
1 Bedroom	3	x	\$708	x	12		=		\$25,488

2 Bedrooms		x	\$931	x	12	=	\$0
3 Bedrooms		x	\$1,219	x	12	=	\$0
4 Bedrooms		x	\$1,336	x	12	=	\$0
5 Bedrooms		x	\$1,536	x	12	=	\$0
6 Bedrooms		x	\$1,737	x	12	=	\$0
7 Bedrooms		x	\$1,937	x	12	=	\$0
8 Bedrooms		x	\$2,138	x	12	=	\$0
9 Bedrooms		x	\$2,338	x	12	=	\$0
Total Units and Annual Assistance Requested	6						\$47,772
Grant Term							1 Year
Total Request for Grant Term							\$47,772

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	.10 FTE salary and benefits to provide ongoing assessment of participant needs	\$4,885
2. Assistance with Moving Costs		
3. Case Management	.10 FTE salary and benefits to provide case management and referral services	\$4,885
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	.20 FTE salary and benefits to provide housing services and landlord recruitment and retention	\$9,770
9. Legal Services		
10. Life Skills	.05 FTE salary and benefits to provide life skills training to meet specific participant needs	\$2,442
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.05 FTE salary and benefits to provide community outreach services	\$2,442
14. Substance Abuse Treatment Services		
15. Transportation	Participant transportation	\$1,000
16. Utility Deposits	9 deposits @ \$200 per	\$1,800
17. Operating Costs		
Total Annual Assistance Requested		\$27,224
Grant Term		1 Year
Total Request for Grant Term		\$27,224

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:	\$21,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$21,000

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Racine Community ...	\$15,000
Cash	Private	LSS Foundation	\$6,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Racine Community Foundation
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$15,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: LSS Foundation
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$6,000

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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$47,772	1 Year	\$47,772
4. Supportive Services	\$27,224	1 Year	\$27,224
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$74,996
8. Admin (Up to 10%)			\$7,499
9. Total Assistance Plus Admin Requested			\$82,495
10. Cash Match			\$21,000
11. In-Kind Match			\$0
12. Total Match			\$21,000
13. Total Budget			\$103,495

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

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

Name of Authorized Certifying Official: Michelle Naples

Date: 08/29/2022

Title: Chief Integration Officer

Applicant Organization: Lutheran Social Services of Wisconsin and Upper Michigan, In

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

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
New Project Application FY2022	Page 49
	08/29/2022

1B. SF-424 Legal Applicant	08/29/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/29/2022
1E. SF-424 Compliance	08/29/2022
1F. SF-424 Declaration	08/29/2022
1G. HUD 2880	08/29/2022
1H. HUD 50070	08/29/2022
1I. Cert. Lobbying	08/29/2022
1J. SF-LLL	08/29/2022
IK. SF-424B	08/29/2022
1L. SF-424D	08/29/2022
2A. Subrecipients	No Input Required
2B. Experience	08/29/2022
3A. Project Detail	08/29/2022
3B. Description	08/29/2022
3C. Expansion	08/29/2022
4A. Services	08/29/2022
4B. Housing Type	08/29/2022
5A. Households	08/29/2022
5B. Subpopulations	08/29/2022
6A. Funding Request	08/29/2022
6E. Rental Assistance	08/29/2022
6F. Supp Srvcs Budget	08/29/2022
6I. Match	08/29/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/29/2022