

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2026 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/30/2026

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lovingkindness Transitional Services Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 87-2027567

c. Unique Entity Identifier: RE1AMACW4KN3

d. Address

Street 1: 1509 Rapids Drive, Ste. 29

Street 2:

City: Racine

County: WI

State: Wisconsin

Country: United States

Zip / Postal Code: 53404

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix:

First Name: Kelly

Middle Name:

Last Name: Martyn

Suffix:

Title: Board President

Organizational Affiliation: Lovingkindness Transitional Services Inc.

Telephone Number: (262) 498-3801

Extension:

Applicant: Lovingkindness Transitional Services Inc.

87-2027567

Project: Transitional Housing

235355

Fax Number:

Email: martynkj@gmail.com

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Transitional Housing

16. Congressional District(s):

16a. Applicant: WI-001

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

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix:

First Name: Lakesha

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

Telephone Number: (262) 977-3133
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: ldavis@lovingkindnesstsrvc.org

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

Date Signed: 09/30/2026

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Lovingkindness Transitional Services Inc.

Prefix:

First Name: Lakesha

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

Organizational Affiliation: Lovingkindness Transitional Services Inc.

Telephone Number: (262) 977-3133

Extension:

Email: ldavis@lovingkindnesstsrv.org

City: Racine

County: WI

State: Wisconsin

Country: United States

Zip/Postal Code: 53404

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

3. HUD Program: Continuum of Care Program

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

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **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	\$211,100.00	Transitional Housing

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

☒

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

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

Date Signed: 09/30/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lovingkindness Transitional Services Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

☒

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

Authorized Representative

Prefix:

First Name: Lakesha

Middle Name

Last Name: Davis

Suffix:

Title: Executive Director

Telephone Number: (262) 977-3133
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: ldavis@lovingkindnesstsrvc.org

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

Date Signed: 09/30/2026

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: Lovingkindness Transitional Services Inc.

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

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

Date Signed: 09/30/2026

1J. SF-LLL

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

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

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

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

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

Legal Name: Lovingkindness Transitional Services Inc.

Street 1: 1509 Rapids Drive, Ste. 29

Street 2:

City: Racine

County: WI

State: Wisconsin

Country: United States

Zip / Postal Code: 53404

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete. ☒

Authorized Representative

Prefix:

First Name: Lakesha

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

Telephone Number: (262) 977-3133
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: ldavis@lovingkindnesstsrvc.org

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

Date Signed: 09/30/2026

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Lovingkindness Transitional Services Inc.

Prefix:

First Name: Lakesha

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

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

Date Signed: 09/30/2026

1L. SF-424D

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

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

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

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

X

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?

No

3A. Project Detail

1. CoC Number and Name: WI-502 - Racine City & County CoC

2. CoC Collaborative Applicant Name: Homeless Assistance Leadership Organization, Inc.

3. Project Name: Transitional Housing

4. Project Status: Standard

5. Component Type: TH

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

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

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

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

10. Will this project include replacement reserves in the Operating budget? No

11. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

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

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

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

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

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

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

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

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

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

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

(Select ALL that apply)

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

Other: Formerly Incarcerated

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

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

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

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

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

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

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

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

Exit to Positive Destination

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

Each participant works collaboratively with staff to develop an individualized housing stabilization plan that includes clear, measurable goals related to income, employment, financial stability, independent living skills, and housing readiness. Participants are active partners in establishing these goals, promoting ownership, accountability, and sustained engagement in the program.

Supportive services are intentionally aligned with each participant's housing goals and are reviewed regularly through case management. Staff monitor progress, celebrate milestones, identify barriers early, and adjust action plans when challenges arise. Frequent communication ensures participants understand their responsibilities, remain focused on achieving their goals, and receive timely support to stay on track.

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

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

Exit with Employment Income

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

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

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

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

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

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

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

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

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

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

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

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

3. TH Service Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☒

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.

☒

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

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

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 10

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

4B. Housing Type and Location Detail

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

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

2a. Units: 5

2b. Beds: 5

3. Address:

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

Street 1: 1901 Carter St

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53402

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

559101 Racine County

4B. Housing Type and Location Detail

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

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

2a. Units: 5

2b. Beds: 5

3. Address:

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

Street 1: 900 Center St.

Street 2:

City: Racine

State: Wisconsin

ZIP Code: 53403

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

559101 Racine County

5A. Project Participants - Households

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

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	10	0	10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	10		10
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	☐
Leased Units	☒
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? Yes
(13 to 18 months)

6a. Select the number of additional months requested for the initial grant term: 18 months

6C. Leased Units

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

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

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

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

Leased Units Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
0 Bedroom		x	\$851		x	12	=	\$0
1 Bedroom	10	x	\$988	\$950	x	12	=	\$114,000
2 Bedroom		x	\$1,235		x	12	=	\$0
3 Bedroom		x	\$1,592		x	12	=	\$0
4 Bedroom		x	\$1,962		x	12	=	\$0
5 Bedroom		x	\$2,256		x	12	=	\$0
6 Bedroom		x	\$2,551		x	12	=	\$0
7 Bedroom		x	\$2,845		x	12	=	\$0
8 Bedroom		x	\$3,139		x	12	=	\$0
9 Bedroom		x	\$3,434		x	12	=	\$0
Total units and annual assistance requested:	10							\$114,000
Grant term:								1 Year
Total request for grant term:								\$114,000

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	One-time moving assistance to support successful transition from transitional housing to permanent housing.	\$3,000
3. Case Management	Individualized case management including assessments, housing stabilization planning, goal setting, progress monitoring, resource coordination, and housing retention support.	\$10,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food assistance to reduce food insecurity and support participants while working toward housing stability.	\$3,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Life skills instruction focused on budgeting, financial literacy, tenant responsibilities, household management, communication, conflict resolution, and independent living.	\$5,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Transportation assistance for employment, housing appointments, case management, healthcare, and other essential activities that support housing stability.	\$5,000
16. Utility Deposits		
17. Operating Costs	Operating costs necessary to maintain safe, decent, and habitable transitional housing, including utilities, insurance, maintenance, property management, and other eligible operating expenses.	\$27,000
Total Annual Assistance Requested		\$53,000
Grant Term		1 Year
Total Request for Grant Term		\$53,000

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	12 months × \$300 for routine maintenance at 1 transitional housing property, including lawn mowing, snow and ice removal, minor plumbing repairs, wall patching, paint touch-ups, and fixture servicing.	\$3,600
2. Property Taxes and Insurance	1 annual property-related insurance allocation × \$2,600 for the transitional housing property. Includes only coverage attributable to this project	\$2,600
3. Replacement Reserve	4 quarterly contributions × \$1,250 to a replacement reserve for major building systems at 1 transitional housing property. Contributions will be supported by documented useful lives and expected replacement costs.	\$5,000
4. Building Security	12 months × \$100 for security system monitoring and servicing at 1 transitional housing property	\$1,200
5. Electricity, Gas, and Water	12 months × \$400 for electricity, gas, and water at 1 transitional housing property to maintain adequate heating, lighting, sanitation, and safe living conditions.	\$4,800
6. Furniture	5 bedroom furniture sets × \$600, each including a bed frame, mattress, and dresser; plus 1 shared dining table and chair set × \$1,000. Furniture will remain at the property for participant use.	\$4,000

7. Equipment (lease, buy)	Purchase 4 appliances for shared participant use: 1 refrigerator × \$1,100; 1 range × \$900; 1 washer × \$900; and 1 dryer × \$900. Select energy-efficient models where available.	\$3,800
Total Annual Assistance Requested		\$25,000
Grant Term		1 Year
Total Request for Grant Term		\$25,000

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

The Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$1,000
Estimated budget amount for VAWA Confidentiality Requirements:	\$1,000

Applicant: Lovingkindness Transitional Services Inc.

87-2027567

Project: Transitional Housing

235355

CoC VAWA BLI Total:	\$2,000
Grant Term	1 Year
Total Request for Grant Term	\$2,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$24,275
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$24,275

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Racine Community ...	\$24,275

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Racine Community Foundation

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

4. Amount of Written Commitment: \$24,275

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$114,000	1 Year	\$114,000
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$53,000	1 Year	\$53,000
5. Operating (Screen 6G)	\$25,000	1 Year	\$25,000
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$2,000	1 Year	\$2,000
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$194,000
10. Admin (Up to 10% of Sub-total in #9)			\$17,100
11. HUD funded Sub-total + Admin. Requested			\$211,100
12. Cash Match (From Screen 6I)			\$24,275
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$24,275
15. Total Project Budget for this grant, including Match			\$235,375

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

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

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Lovingkindness Transitional Services Inc.

Indirect Cost Rate Information for the Applicant/Recipient:

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

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

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

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

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

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

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

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

Submission Type: Initial Submission

Effective Date: 09/29/2026

Certification of Authorized Representative for the Applicant/Recipient: 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:

First Name: Lakesha

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

Telephone Number: (262) 977-3133
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: ldavis@lovingkindnesstsrvc.org

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

Date Signed: 09/29/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 approval	08/03/2026
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3 approval

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Lakesha Davis

Date: 09/30/2026

Title: Executive Director

Applicant Organization: Lovingkindness Transitional Services Inc.

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

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

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

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



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

LOVINGKINDNESS TRANSITIONAL SERVICES INC
C/O LAKESHA DAVIS
5801 WASHINGTON AVE STE 99
MOUNT PLEASANT, WI 53406

Date:
02/08/2022
Employer ID number:
87-2027567
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
August 05, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053736004741

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements