

## Before Starting the Project Application

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2019 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/28/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Homeless Assistance Leadership Organization, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 20-2041432

	<b>c. Organizational DUNS:</b>	197567089	PLUS 4	
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### d. Address

**Street 1:** 2000 DeKoven Avenue, Unit 1

**Street 2:**

**City:** Racine

**County:** Racine

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 53403

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Nina

**Middle Name:**

**Last Name:** Thillemann

**Suffix:**

**Title:** Finance Director

**Organizational Affiliation:** Homeless Assistance Leadership Organization, Inc.

**Telephone Number:** (262) 633-3235

**Extension:**

**Fax Number:** (262) 633-7374

**Email:** nthillemann@haloinc.org

## 1C. SF-424 Application Details

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

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

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

**13. Competition Identification Number:**

**Title:**

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

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

15. Descriptive Title of Applicant's Project: CoC Planning Project FY2019

16. Congressional District(s):

a. Applicant: WI-001

b. Project: WI-001

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 10/01/2020

b. End Date: 09/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

# 1F. SF-424 Declaration

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

I AGREE:

## 21. Authorized Representative

Prefix: Ms.

First Name: Gai

Middle Name:

Last Name: Lorenzen

Suffix: J.D.

Title: Executive Director

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

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

Email: glorenzen@haloinc.org

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

Date Signed: 09/28/2019



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** Homeless Assistance Leadership Organization, Inc.

**Prefix:** Ms.

**First Name:** Gai

**Middle Name:**

**Last Name:** Lorenzen

**Suffix:** J.D.

**Title:** Executive Director

**Organizational Affiliation:** Homeless Assistance Leadership Organization, Inc.

**Telephone Number:** (262) 633-3235

**Extension:** 143

**Email:** glorenzen@haloinc.org

**City:** Racine

**County:** Racine

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 53403

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

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received: \$47,412**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** CoC Planning Project FY2019 2000 DeKoven Avenue, Unit 1 Racine Wisconsin

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

**Part III Interested Parties**

You must disclose:

- 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

**Certification**

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

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

I AGREE:

Name / Title of Authorized Official: Gai Lorenzen, Executive Director

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

Date Signed: 09/28/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Homeless Assistance Leadership Organization, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

### Sites for Work Performance.

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

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

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

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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Gai

**Middle Name**

**Last Name:** Lorenzen

**Suffix:** J.D.

**Title:** Executive Director

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

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

**Email:** glorenzen@haloinc.org

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

**Date Signed:** 09/28/2019

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

**Applicant's Organization:** Homeless Assistance Leadership Organization, Inc.

**Name / Title of Authorized Official:** Gai Lorenzen, Executive Director

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

**Date Signed:** 09/28/2019

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** Homeless Assistance Leadership Organization, Inc.

**Street 1:** 2000 DeKoven Avenue, Unit 1

**Street 2:**

**City:** Racine

**County:** Racine

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 53403

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

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Gai

**Middle Name:**

**Last Name:** Lorenzen

**Suffix:** J.D.

**Title:** Executive Director

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

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

**Email:** glorenzen@haloinc.org

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

**Date Signed:** 09/28/2019

## 2A. Project Detail

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

**1b. Collaborative Applicant Name:** Homeless Assistance Leadership Organization, Inc.

**2. Project Name:** CoC Planning Project FY2019

**3. Component Type:** CoC Planning Project Application

## **2B. Project Description**

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

Funding will be utilized for personnel costs to continue to build our capacity as a CoC. The CoC Director provides day to day oversight of operations, HMIS and, planning and resource development.

Duties associated with operations would include attending regular CoC meetings, committee participation, monitor compliance with the governance charter and organizational bylaws, participate in the monitoring of CoC and ESG funded projects, evaluate CoC and ESG project performance, ensure compliance with coordinated assessment and written standards.

HMIS duties would include monitoring participation in HMIS, review the privacy, security and data quality plan for the selected HMIS, ensure that HMIS complies with HUD and CoC standards.

Planning responsibilities include system coordination, point-in-time, gaps analysis, Consolidated Plan review and input, coordination with 2 ESG jurisdictions, and preparation of State and City of Racine applications, and the CoC Collaborative Application.

The emphasis for 2019 includes the System’s Performance Work Group Scope: The System Performance Work Group will assist in gauging progress made by the COC in preventing and ending homelessness by reviewing and analyzing data related to the following System Performance Measures:

1. Length of time persons remain homeless
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
3. Number of persons experiencing homelessness
4. Jobs and income growth for people experiencing homelessness in COC Program-funded projects
5. Number of persons who become homeless for the first time
6. Homelessness prevention and housing places of persons defined by Category 3 of HUD’s homeless definition of COC Program-funded project (where applicable)
7. Successful Housing Placement

The work group will use various tools, such as System Performance Data Reports and Stella Performance to review and assess progress on the systems performance measures.

Specific Responsibilities of the Work Group: The Systems Performance Work Group will review System Performance Data quarterly and:

1. Develop hypotheses for the causes of any substantial changes in system performance
2. Recommend to COC leadership any policy or operational changes that may improve progress in preventing and ending homelessness in Racine.
3. Provide data on the state and nature of homelessness in Racine for advocacy and educational purposes.
4. Identify areas that may require more investigation and study
5. Report on system performance measures to the CoC and the Homelessness & Housing Alliance of Racine County at least twice annually

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The project is a continuation of on-going activities being performed to meet designated goals and objectives. Progress toward the goals and objectives of the CoC will be used to monitor the performance of person(s) performing the designated tasks. Monthly reports will be provided to the CoC.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Funds will be used to evaluate the outcomes of COC and ESG projects. Activities will include consultation with the 2 ESG jurisdictions regarding allocation of ESG funds, development of the ESG applications and certification plans for applicants, ensuring compliance with COC policies, monitoring and evaluating project performance using HMIS generated reports and establish goals, standards and performance criteria for ESG projects that are consistent with CoC goals, standards and performance criteria. Monitoring of CoC projects will be coordinated with the HUD Field Office, and ESG monitoring with the City of Racine and State of Wisconsin. Funding will allow for increased Technical Assistance to Projects to allow for clarification of CE reporting requirements, Housing First philosophy, as well as record keeping required for proper documentation. The CoC Director will continue to work closely with CoC committees. Committee and work groups meeting monthly provide adequate oversight to assure that work will progress according to the term of the funding period, attendance, recording of minutes, and sub-group work time target goals are designed to keep all informed of progress toward timely movement through overall goals

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

Planning activities for external funding sources are the responsibility of the Director and the CoC Leadership Council who are charged with investigating and establishing outside collaborations and cooperative projects designed to expand existing resources as well as seeking outside funding where appropriate – private funding and additional grant applications.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

- a. Written agendas of CoC meetings? Yes
- b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
- c. Process for monitoring outcomes of ESG recipients? Yes
- d. CoC policies and procedures? Yes
- e. Written process for board selection? Yes
- f. Code of Conduct for board members that includes a recusal process? Yes
- g. Written standards for administering assistance? Yes



4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
HMIS Committee	The HMIS Committee is responsible for developing policies and procedures, identifying training needs and opportunities, and overseeing agency data quality. Wisconsin Service Point (WISP) is Wisconsin's Homeless Management Information System (HMIS). The committee provides oversight to the Point in Time Workgroup. HMIS Committee oversees: PIT workgroup, System Performance Workgroup & Evaluation and Monitoring.	Monthly	Co-Chairs: Irma Love, HALO & Iraida Vasquez, ICA Center for Veterans Issues, Homelessness & Housing Alliance of Racine County HALO HOPES Center Legal Action, Racine Vocational Ministry, SAFE Haven, Women's Resource Center
Point-in-Time Work group	The PIT work group is responsible for planning the January and June Point in Time. Data is reported to the Collaborative Applicant/Lead Agency (HALO), and the HMIS Lead Agency (Institute for Community Alliances). Reports to HMIS Committee	Monthly	Chair Scott Metzel, HOPES Center of Racine, Center for Veterans Issues, Legal Action, Homeless Assistance Leadership Organization Hospitality Center Institute for Community Alliances, Racine Vocational Ministry, SAFE Haven, Women's Resource Center
Systems Performance	Reviews data related to system performance measures. The work group will report system performance data to provide any recommendations for improving system performance to the Leadership Council of the COC. The work group liaises with the HMIS Committee and Point-in-Time (PIT) Work Group, to ensure accurate data related to system performance measures.	Bi-Monthly	Co-Chairs: Scott Metzel, HOPES Center of Racine, & Iraida Vasquez, ICA Teresa Reinders-CoC Director
Standards Committee	Committee develops various standards for HUD CoC and ESG funded organizations.	Quarterly	Chair: Gai Lorenzen, HALO, Center for Veterans Issues, Legal Action, Homeless Assistance Leadership Organization HOPES Center, Hospitality Center Institute for Community Alliances, Racine Vocational Ministry, SAFE Haven, Women's Resource Center
Rating & Ranking Committee	This workgroup ranks and selects projects for HUD CoC and ESG funding.	Bi-Monthly	Chair: Seth Raymond, Hospitality Center, Institute for Community Alliances Community State Bank HALO Legal Action Wisconsin-Racine Racine Community Foundation Feather a Nest

## 4A. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$11,853
Total Value of All Commitments:	\$11,853

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	HALO staff, suppl...	09/06/2019	\$11,853



## Sources of Match Details

1. Will this commitment be used towards Match? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: HALO staff, supplies, office space  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/06/2019
6. Value of Written Commitment: \$11,853

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

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

3. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.14FTE salary, benefits, mileage allowance	\$7,000
2. Project Evaluation	.09 FTE salary, benefits, mileage allowance	\$4,500
3. Project Monitoring Activities	.18 FTE salary, benefits, mileage, allowance	\$9,000
4. Participation in the Consolidated Plan	.02 FTE salary, benefits, mileage allowance	\$1,000
5. CoC Application Activities	.18FTE salary, benefits, mileage allowance	\$9,000
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	.14 FTE salary, benefits, phone, website fees, internet	\$7,912
8. HUD Compliance Activities	.18 FTE salary, benefits, mileage allowance	\$9,000
<b>Total Costs Requested</b>		<b>\$47,412</b>
<b>Cash Match</b>		<b>\$0</b>
<b>In-Kind Match</b>		<b>\$11,853</b>
<b>Total Match</b>		<b>\$11,853</b>
<b>Total Budget</b>		<b>\$59,265</b>

Click the 'Save' button to automatically calculate the Total Assistance

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## Attachment Details

### Document Description:

## 5B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Gai Lorenzen

**Date:** 09/28/2019

**Title:** Executive Director

**Applicant Organization:** Homeless Assistance Leadership Organization, Inc.

**PHA Number (For PHA Applicants Only):**

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

X
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## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/25/2019
1E. SF-424 Compliance	09/18/2019
1F. SF-424 Declaration	09/18/2019
1G. HUD 2880	09/18/2019
1H. HUD 50070	09/18/2019
1I. Cert. Lobbying	09/18/2019
1J. SF-LLL	09/18/2019

<b>2A. Project Detail</b>	09/18/2019
<b>2B. Description</b>	09/28/2019
<b>3A. Governance and Operations</b>	09/28/2019
<b>3B. Committees</b>	09/28/2019
<b>4A. Match</b>	09/28/2019
<b>4B. Funding Request</b>	09/28/2019
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	09/28/2019