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| **HOME-ARP Supportive Services Application**  State of Wisconsin – Department of Administration  Division of Energy, Housing and Community Resources | |
| **Grant Year 2024**  **Instructions:**  Please review the HOME-ARP Supportive Services Program Manual, CPD Notice 21-10, and related materials before applying for a HOME-ARP Supportive Service grant. Grant cycles will be in one-year competitive rounds with the possibility of second year renewal until HOME-ARP Supportive Services funding ends on September 30, 2030. Please reply to the following questions in full.  Applications must be submitted to [DOASupportiveHousing@wisconsin.gov](mailto:DOASupportiveHousing@wisconsin.gov) **by 11:59 PM CST March 8, 2024. Late applications will not be accepted.** | |
| **Applicant Information** | |
| Fill out the following information about your agency: | |
| 1. Name of the Applicant Agency  *\*Referred to as the “Applicant” within this application form.* |  |
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| 2. Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address)  Payable To: | Payable To: |
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| 3. Physical Address of Primary Office |  |
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| 4. UEI Number |  |
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| 5. Type of Organization: | ☐ Elected governing body of a federally recognized American Indian tribe or band in the State of Wisconsin  ☐ Governing body of a county, city, village, or town  ☐ Housing authority  ☐ Nonstock corporation that is organized under Chapter 181 of the Wisconsin Statutes and that is a nonprofit corporation as defined in Wis. Stats. § 181.0103(17)  ☐ Private, not-for-profit organization  ☐ Religious society organized under Chapter 187 of the Wisconsin Statutes. |
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| 6. Does the Applicant currently provide Supportive Services to any of the HOME-ARP Qualifying Populations? | ☐Yes ☐No |
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| 7. HOME-ARP Supportive Service reporting in Homeless Management Information Service (HMIS) or comparable database is required. Does the Applicant have access and experience using HMIS or a comparable database? | ☐Yes ☐No |
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| 8. Attach proof of active registration from SAM.gov that the Applicant is not in a period of debarment, suspension, or in ineligible status. | Attached to Application?    ☐Yes ☐No  \*If not attached, the Applicant will be deemed ineligible. See appendix for instructions on how to pull this information from SAM.gov. |
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| 9. a. Applicant’s HUD-recognized Continuum of Care (CoC) and Local Homeless Coalition (if applicable). | CoC:  Local Homeless Coalition (if applicable):  **Letter of Support from HUD recognized CoC or local homeless coalition is required.** |
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| 10. Describe the service area where HOME-ARP Supportive Services will be offered. |  |
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| 11. Applicant’s Supportive Service Program Manager or Primary Point of Contact for the HOME-ARP Supportive Service Program. | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
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| 12. Applicant’s Official Authorized to Sign Application and Contract. | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
| 1. Signature and Date   (Digital Signatures Accepted) |  |

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| **General Program Questions** | | | |
| 1. Fill out the following information about the HOME-ARP Supportive Service Request: | | | |
| Total HOME-ARP Supportive Service Request  *Minimum Request*: $50,000.00 | McKinney Vento Supportive Services (*homeless services*) | | $ |
| Homelessness Prevention Supportive Services (*services provided if participants are currently housed and at-risk of homelessness*) | | $ |
| Housing Counseling (*only from HUD approved Housing Counseling Agencies*) | | $ |
| Administrative Costs (*not to exceed 15% of total award*) | | $ |
| **Total Program Cost** | | **$** |
| 1. Create a bulleted list of eligible HOME-ARP Supportive Services included in this funding request. (Detailed description of eligible services included in HOME-ARP Supportive Services Program Guide) | |  | |
| 1. Has the Applicant identified a preference for a specific Qualifying Population? | | Yes  No | |
| 1. If yes to the above, which Qualifying Population will be prioritized using the preference? (Choose 1) | | 1- Homeless (24 CFR § 91.5) | |
| 2- At-risk of homelessness (24 CFR § 91.5) | |
| 3 - Individuals fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking. | |
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| **Practices, Policies, Procedures, and Documentation** | |
| The following practices, policies, procedures, and documentation are required of each Applicant and may be reviewed during the yearly monitoring process. Please answer whether the Applicant has the following: | |
| 1. Accessibility Practices/Resources   Each Applicant should have resources and practices in place to communicate with all potential participants including those with limited or no English proficiency. Further, facilities and programming should be accessible to people with disabilities including, but not limited to, people with vision loss, hearing loss, physical/mobility concerns, and learning disabilities. | Yes  No, will create if awarded |
| 1. Anti-Lobbying Requirements   Each Applicant is required to have a policy in place to ensure compliance with anti-lobbying requirements. HOME-ARP Supportive Services funds may not be used to influence federal or state contracting, federal or state financial transactions, or federal or state cooperative agreements. | Yes  No, will create if awarded |
| 1. Participant Prioritization Documentation   Each Applicant must have written documentation outlining how eligible individual families will be prioritized within the Expanded Coordinated Entry process and how it will be decided which of those families ultimately enter the HOME-ARP Supportive Service program. While households who meet the Applicant’s preference must be prioritized, all Qualifying Populations must be served, in chronological order of application. | Yes  No, will create if awarded |
| 1. Participant Termination Policy   To terminate assistance to a program participant, the Applicant must establish and follow their formal process with the following requirements:   * Applicant must document the provision of the termination policy to the participant (the participant must sign a document stating the policy was provided). * Applicant must establish and follow a formal process that recognizes individual rights. * Applicant must allow termination in only the most severe cases. * Applicant may provide assistance to a participant who has been terminated from a program at a later date. | Yes  No, will create if awarded |
| 1. Confidentiality Policy   Applicants must develop and implement written confidentiality procedures to ensure all records containing Personally Identifying Information (“PII” as defined by HUD) of any person or family who applies for and/or receives HOME-ARP Supportive Services assistance is kept secure and confidential.   * The address or location of any domestic violence, dating violence, sexual assault, or stalking victim assisted under the HOME-ARP Supportive Services program will not be made public except with written authorization of the person responsible for the operation of the program. * Applicants must develop and implement procedures to ensure the confidentiality of records pertaining to any person provided family violence prevention or treatment services under the HOME-ARP Supportive Services program, including protection against the release of the address or location of any family violence shelter, except with the written authorization of the person responsible for the operation of that shelter. * The use or disclosure by any party of any information concerning eligible individuals who receive services for any purpose not connected with the administration of the program is prohibited   except with the informed, written consent of the eligible individual, or the individual’s legal guardian. | Yes  No, will create if awarded |
| 1. Conflict of Interest Policy   Applicants must comply with organizational, individual, and procurement conflict of interest provisions:  Organizational Conflict of Interest: Applicants must not condition HOME-ARP Supportive Services funding on a participant ’s acceptance of housing owned by the Applicant.  Individual Conflict of Interest: The individual conflict of interest regulations prohibit financial gain for self, family, or those with business ties.  Procurement: Conflict of Interest  In the procurement of property and services, the conflict-of-interest provisions of 2 CFR Part 200, Subpart D apply. These regulations require Applicants to maintain written standards governing the performance of their employees engaged in awarding and administering contracts.  A more detailed description of required HOME-ARP Conflict of Interest policy is available in the HOME-ARP Supportive Services Program Manual. | Yes  No, will create if awarded |
| 1. Equal Access   Applicants must have policies and practices to ensure participants have equal access to services as required under Wisconsin’s civil rights laws including, but not limited to, sexual orientation, gender identity, family composition or marital status.  Further, Applicants will be required to complete [HUD’s Equal Access Agency Assessment Tool](https://www.hudexchange.info/resource/4952/equal-access-rule-project-self-assessment-tool/#:~:text=Description,for%20agencies'%20internal%20use%20only.) and submit the results to DEHCR during monitoring. | Yes  No, will create if awarded |
| 1. Equity Advancement & Culturally Responsive Practices   Each Applicant is expected to have a process to identify the percentage of its service territory’s homeless population that is BIPOC (Black, Indigenous, People of Color) compared to white, and then identify the percentage of its participant population that is BIPOC compared to white. If there is an imbalance in the BIPOC/white percentage split between the participant population compared to the service territory’s homeless population, outreach strategies to the underrepresented participant population group must be developed and implemented. | Yes  No, will create if awarded |
| 1. Non-Discrimination Policy for Participants & Employees   Each Applicant must have a policy expressly stating that discrimination against participants and employees based on based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, physical condition, disability, age (40 or older) or genetic information (including family medical history) is illegal and will not be tolerated. The policy should outline a way for participants and employees to report discrimination, and potential repercussions for those who engage in discrimination. | Yes  No, will create if awarded |
| 1. No Faith Based Activities Requirements or Religious Influence   All HOME-ARP Supportive Services funded activities must be administered in a manner that is free from religious influences and in accordance with the following principles:  • Applicants must not discriminate against any employee or applicant for employment and must not limit employment or give preference in employment to persons based on religion.  • Applicants must not discriminate against any person applying for shelter or services and must not limit shelter or services or give preference to persons based on religion.  • Applicants must provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of programs or services funded under the HOME-ARP Supportive Services program.   * If an Applicant conducts these activities, the activities must be offered separately in time or location from the programs or services funded under the HOME-ARP Supportive Services program, and participation must be voluntary for HOME-ARP Supportive Services program participants. | Yes  No, will create if awarded |
| 1. Drug Free Workplace Policy   Each Applicant is required to have a Drug Free Workplace Policy and procedures to carry out the policy. The policy must include that the contracting or granting agency (DEHCR) will be notified within 10 days after receiving notice that a covered employee (an employee supported with HOME-ARP Supportive Services funds) has been convicted of a criminal drug violation in the workplace. | Yes  No, will create if awarded |
| 1. Signing Authority Documentation   Each Applicant must have documentation naming the person or persons who have signing authority for their organization. | Yes  No, will create if awarded |
| 1. Maximum Term of Service Policy   Program participants are not required to accept supportive services as a condition of occupancy or tenancy and may request services at any time during occupancy or tenancy subject to availability and HOME-ARP Supportive Services program time limitations. Changes in income do not impact a participant’s status as a Qualifying Population (QP). Once a household qualifies as a QP household, they hold that status and must be served in the HOME-ARP Supportive Service program until September 30, 2030, or until the individual or family:  1. Voluntarily terminates HOME-ARP Supportive Services assistance; or  2. Obtains needed supportive services from another source  Otherwise, maximum service periods may be determined by the Applicant and must apply to all participants once they are designated as a QP. A maximum term of service policy will be required for all Applicants. | Yes  No, will create if awarded |

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| **Financial Management** | | | |
| Maintaining clear records and tracking each funding source separately is required by DEHCR. Please answer the following questions: | | | |
| 1. Does the Applicant have a method of tracking each funding source from DEHCR separately? | | ☐ Yes  ☐ No, will create if awarded | |
| 1. Does the Applicant have policies and procedures for keeping backup documentation on expenditures so that they can be produced upon request? | | ☐ Yes  ☐ No, will create if awarded | |
| 1. Does the Applicant have payroll records which clearly define payments among funding sources? | | ☐ Yes  ☐ No, will create if awarded  ☐ | |
| 1. Do the Applicant’s employees’ timesheets track actual hours worked per funding source or program? | | ☐ Yes  ☐ No, will create if awarded | |
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| |  | | --- | | **Service Organization Overview** | | **Directions:** | | Respond to each question in the space provided. Additional narrative attachments are not allowed. | | |
| 1. Describe the Applicant’s experience in providing supportive services to persons experiencing homelessness and other at-risk populations. | |
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| 1. Describe the Applicant’s prior experience withadministering supportive services to persons experiencing homelessness and other at-risk populations **utilizing federal funds**. | |
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| **Racial Equity** | |
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| 1. What strategies does the Applicant employ to ensure services are racially equitable for its region? | |
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| **Answer** | |
| 1. What percentage of the Applicant’s service territory population is BIPOC? |  |
| 1. What percentage of the Applicant’s current program participants are BIPOC? |  |
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| 1. Does the Applicant agree to perform the following activities: | |
| * 1. The Applicant is expanding outreach to higher concentrations of underrepresented groups. | ☐ Yes  ☐ No |
| * 1. The Applicant will provide communication materials (flyers, websites) inclusive of underrepresented persons. | ☐ Yes  ☐ No |
| * 1. The Applicant is or will train staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. | ☐ Yes  ☐ No |
| * 1. The Applicant is or will establish professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. | ☐ Yes  ☐ No |
| * 1. The Applicant has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness. | ☐ Yes  ☐ No |
| * 1. The Applicant is educating stakeholders, board of directors, and funders on the topic of creating greater racial and ethnic diversity. | ☐ Yes  ☐ No |
| * 1. The Applicant is collecting data to better understand the pattern of program use for people of different races and ethnicities. | ☐ Yes  ☐ No |
| * 1. The Applicant is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. | ☐ Yes  ☐ No |
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| 1. Explain the Applicant’s commitment and ability to provide services that are culturally competent and linguistically accessible. Include a description of how the Applicant’s service design and delivery provide for the cultural and linguistic needs of potential participants. | |
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| **Accessibility to Trauma-Informed Services** | |
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| 29. Does the Applicant provide a trauma-informed care approach to programs/services? Describe any trauma-informed practices utilized. | |
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| 30. In what ways are the supportive service facilities/programs accessible to people with disabilities? What accommodations does the Applicant provide to serve participants with disabilities? | |
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| **HOME-ARP Supportive Service Program Overview** |
| 31. Describe, in DETAIL, the proposed program/activity for which HOME-ARP Supportive Service funding is being requested. Include a description for all supportive service and financial assistance categories the program will provide. |
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| 32. What is the specific goal(s) and measurable outcome(s) that will be achieved as a result of this program or activity? (i.e. Why is the program being undertaken and how will it directly benefit the participants being served?) Include pertinent data which supports the need for such programming in the Applicant’s service area. |
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| 33. If establishing a preference for a specific Qualifying Population, justify the preference using data and programmatic goals. |
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| 34. Describe how the Applicant will identify services currently received by program participants and how duplication of service or assistance will be prevented. |
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| 35. Describe how the Applicant will collaborate with other agencies and programs. How will these collaborations enhance the program to assist persons experiencing homelessness and other vulnerable populations and lead to improved outcomes?  List the collaborating organizations. **Include letters of support and/or partnership agreements.** |
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