

**Employment**

**Grants Program**

*Connecting people experiencing homelessness with permanent employment*

**Application**

**Grant Year 2023**

**State of Wisconsin**

**Department of Administration**

**Division of Energy, Housing and Community Resources**

Last Revised October 2022

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# EMPLOYMENT GRANTS (EG) PROGRAM APPLICATION

Grant Year: 2023

# APPLICATION DEADLINE:

Applications are due by email no later than 11:59 pm on November 11, 2022 to the following email address [DOASupportiveHousing@wisconsin.gov](mailto:DOASupportiveHousing@wisconsin.gov)

## Applicant Information:

Please fill out the following information about your agency:

|  |  |
| --- | --- |
| Name of the Applicant Municipality  (Please specify whether your municipality is a county, city, village, or town) |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address)  Payable To |  |
| Physical Address of Primary Office |  |
| UEI Number |  |
| Please attach proof from SAM.gov that the applicant is not in a period of debarment, suspension or ineligible status (has no active exclusions). | Attached?  Yes No |
| Applicant’s HUD-recognized Continuum of Care (CoC) and Local Coalition (if applicable) | CoC:  Local Coalition (if applicable): |
| Applicant’s EG Program Manager or Primary Point of Contact for the EG Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Phone Number |  |
| 1. Email |  |
| Applicant’s Official Authorized to Sign Application and Contract | |
| 1. Name |  |
| 1. Title |  |
| 1. Phone Number |  |
| 1. Email |  |
| 1. Signature & Date   (digital signatures are accepted) |  |
| Client Referral Contact Information for the EG Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Phone Number |  |
| 1. Email |  |
| 1. Website |  |

## Applicant Eligibility:

Please answer the following questions:

|  |  |
| --- | --- |
| Question: | Answer: |
| 1. Is your organization a municipality defined as either a county, city, village, or town? | Yes No |
| 1. Is your municipality registered with SAM.gov and can you show proof of non-debarment/not having any active exclusions? | Yes No |
| 1. Does your municipality have an active HMIS subscription? | Yes No |
| 1. Will your municipality provide the minimum required $10,000 cash match? | Yes No |

**If the answer was “no” to questions 1-4 your agency is not eligible for the EG program.**

## Project Needs Statement:

Please describe the nature, scope, and structure of the EG program your municipality plans to run if awarded by answering the following questions. Please use data, information, and examples to support each statement when possible.

1. What specific activities will your municipality perform to connect people experiencing homelessness with permanent employment?

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1. Will your municipality partner with another organization\* to provide supplemental employment and supportive services to program participants?

Yes No

\*Please note the other organization referenced is not a subcontractor performing administrative duties and/or program delivery (if applicable) unless that subcontractor is also providing supplemental employment and supportive services *in addition* to performing administrative duties and/or program delivery (if applicable).

1. If yes, what is the name of the organization? Answer:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If yes, what supplemental employment and supportive services will they provide to program participants?

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Contractual Responsibility & Subcontracting:

Please answer the following questions:

1. Will your municipality perform ALL administrative duties and provide ALL program delivery directly?

☐Yes ☐No, will subcontract

1. If subcontracting, does your municipality recognize and will it abide by the requirement to maintain contractual responsibility and monitor subcontractors in the same manner DEHCR monitors grantees?

☐Yes ☐No

1. If subcontracting, please describe what services will be contracted out.

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## Estimated Number of Clients:

|  |  |
| --- | --- |
| Question | Answer |
| 1. What is the number of unduplicated, distinct individuals your municipality could serve annually with these funds? |  |
| 1. What is the estimated number of unduplicated distinct individuals your municipality serves annually? |  |
| 1. If partnering with another organization (answered yes to question 6) what is the number of unduplicated, distinct individuals they will serve as part of the EG program? |  |
| 1. If partnering with another organization (answered yes to question 6) what is the total number of individuals they serve annually? |  |

## Client Eligibility:

1. Please describe how your municipality will assess and document a client’s eligibility. Please be specific and describe how age (18 and over) and HUD Category 1, 2, 3, 4 homelessness will be verified and documented.

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| --- |
|  |

1. Will your municipality or subcontractor screen for any other characteristics beyond age (18 and over) and HUD Category 1, 2, 3, 4 homelessness when determining which clients to admit into the EG program?

☐Yes ☐No

1. If yes, please describe.

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## Budget:

Grantees are encouraged to submit a budget at the maximum award size ($75,000). As a reminder the EG program has three (3) types of funds:

1. Program Funds:

Per the WI Statue creating this program, grantees must allocate most of the funding for the purpose of paying the wages or a stipend to program participants. Wages/stipends can be paid to participants for time spent participating in job/work experience, soft skills training, company tours, budgeting classes, time spent doing educational assessments, goal setting, job searches/applications, resume building, cover letter writing, performing mock interviews, going on college/technical school tours, and registering for classes.

1. Operational Funds:

The cost to provide the above programming such as but not limited to soft skills training and working with participants on setting goals, resume building etc. can be paid for out of operational funds.

1. Administrative Funds:

These funds can pay for administrative costs such as, but not limited to, the cost of office space, computers, office supplies, and salaries for agency wide functions such as accounting. Please note these costs will need to be prorated to reflect the percentage of the staff person’s time or the percentage of the resource that is dedicated to the EG program.

To be eligible, the applicant must provide a $10,000 cash match regardless of the amount of EG funds requested. The match spend will need to be tracked and reported on throughout the course of the grant if awarded.

Applicants who use a greater portion of the award as program funds to pay for program participants’ wages/stipends will be given preference.

1. Your Municipality’s Budget Request: (maximum $75K)

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **EG Funds Request** | **Municipal Match ($10K required)** | **Total** |
| Program Funds | $ |  |  |
| Operational Funds | $ |  |  |
| Administrative Funds | $ |  |  |
| Total | $ |  |  |

1. Please explain your agency’s rationale for requesting the above amount across the three (3) funding categories.

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## Financial Management & Accountability:

Maintaining clear records and tracking each funding source separately is required by DEHCR. Please answer the following questions:

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| --- | --- |
| Questions | Answers |
| 1. Does your agency have a method of tracking each funding source from DEHCR separately? | Yes  No, will create if awarded  No, will NOT create |
| 1. Does your agency have policies and procedures for keeping backup documentation on expenditures so it can be produced upon request? | Yes  No, will create if awarded  No, will NOT create |
| 1. Do your payroll records clearly define payments among funding sources? | Yes  No, will start if awarded  No, will NOT start |
| 1. Do employees’ timesheets track actual hours worked per funding source or program? | Yes  No, will start if awarded  No, will NOT start |

## Practices, Policies, Procedures & Documentation:

The following practices, policies, procedures and documentation of such are required of each grantee and may be reviewed during yearly monitoring. **Please answer whether your agency has the following**.

|  |  |
| --- | --- |
| Practices, Policies, Procedures & Documentation | Answers |
| 1. Client Termination Policy:   To terminate assistance to a client, the grantee must establish and follow their formal specific EG termination process with the following requirements:   * Grantees must document the provision of the termination policy to the client. * Grantees may terminate assistance if a client violates the rules of the program. * Grantees must establish and follow a formal process that recognizes individual rights. * Grantees must allow termination in only the most severe cases. * Grantees must establish a formal process that includes a written notice to the client containing a clear statement of the reasons for termination, opportunity to have decision reviewed, in which the client is given the opportunity to present objections before a person other than the person who made or approved the termination decision and a prompt written notice of the final decision to the client. * Grantees may provide assistance to a client who has been terminated from a program at a later date. | Yes  No, will create if awarded  No, will NOT create |
| 1. Confidential, Proprietary and Personally Identifiable Information Policy:   All grantees must develop and implement written procedures to ensure:   * All records containing personally identifying information of any person or family who applies for and/or receives assistance will be kept secure and confidential. * The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted will not be made public except with written authorization of the person responsible for the operation of the shelter. * Grantees must develop and implement procedures to ensure the confidentiality of records pertaining to any person provided family violence prevention or treatment services under any project assisted, including protection against the release of the address or location of any family violence shelter project, 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  No, will NOT create |
| 1. Conflict of Interest Policy:   Grantees must have and comply with organizational, individual, and procurement conflict of interest polices.  *Organizational Conflict of Interest:*  Grantees must not condition EG assistance on a client’s acceptance of housing or another good or service owned by the grantee, a parent or subsidiary of the grantee.  *Individual Conflict of Interest:*  The individual conflict of interest regulations prohibit financial gain for self, family, or those with business ties. No person who exercises responsibility over EG funded projects or who is in a position to participate in a decision-making process or gain inside information with regard to EG funded projects may:   * Obtain a financial interest or benefit from an assisted activity * Have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity * Benefit from an assisted activity, either for themselves or for those with whom they have family or business ties, during their tenure or during the one-year period following their tenure   *Procurement Conflict of Interest:*  In the procurement of property and services, the conflict-of-interest provisions of 42 CFR §495.348 apply. These regulations require grantees to maintain written standards governing the performance of their employees engaged in awarding and administering contracts. At a minimum, these standards must:   * Require that no employee, officer, agent of the grantee shall participate in the selection, award, or administration of a contract supported by EG funds if their participation would create a real or apparent conflict of interest. * Require that grantee employees, officers and agents not accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub agreements. * Stipulate provisions for penalties, sanctions, or other disciplinary actions for violations of standards.   Any grantee who violates the above will be required to repay any EG funds disbursed for which there is an identified conflict of interest unless an exception is granted by DEHCR. | Yes  No, will create if awarded  No, will NOT create |
| 1. Drug Free Workplace Policy:   Each grantee 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 the grantee receives notice that a covered employee (an employee supported with EG funds) has been convicted of a criminal drug violation in the workplace. | Yes  No, will create if awarded  No, will NOT create |
| 1. Non-Discrimination Policy for Clients & Employees:   Each grantee must have a policy expressing discrimination against clients 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 clients and employees to report discrimination, and potential repercussions. | Yes  No, will create if awarded  No, will NOT create |
| 1. Process to Ensure Client Eligibility:   All grantees must have a process in place to screen clients to ensure eligibility. | Yes  No, will create if awarded  No, will NOT create |
| 1. Recordkeeping and Retention:   Grantees must retain all program files, financial documents, and records (including client files) for a minimum of five (5) years after the contract period ends. All files must be available for review or audit upon request from DEHCR, or the Legislative Audit Bureau (LAB). Often the turnaround for file requests is short; therefore, files must be readily accessible so they can be provided to DEHCR, or LAB within the timeframe requested. | Yes  No, will create if awarded  No, will NOT create |
| 1. Residency:   The grantee shall not require homeless individuals or families to be residents of the state or locality to receive shelter and support services, nor shall the grantee set differing allowed lengths of stay or levels of service based on whether a homeless individual or family are residents of the state or locality. | Yes  No, will create if awarded  No, will NOT create |

## Racial Equity:

DEHCR is dedicated to increasing racial equity across the State of Wisconsin and particularly doing so in all programs receiving DEHCR administrated funds. Please answer the following questions:

|  |  |
| --- | --- |
| Questions | Answers |
| 1. What percentage of your agency’s service territory population is BIPOC (Black, Indigenous, People of Color)? |  |
| 1. What percentage of your agency’s clients are BIPOC? |  |

1. What strategies does your agency employ to ensure services are racially equitable for your region?

Please complete chart below.

|  |  |
| --- | --- |
| Question: Does your agency agree with the following statements? | Answer |
| 1. The coalition and/or agencies are expanding outreach to higher concentrations of underrepresented groups. | Yes  No |
| 1. The coalition and/or agencies have communication (flyers, websites, other materials) inclusive of underrepresented persons. | Yes  No |
| 1. The coalition and/or agencies are training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. | Yes  No |
| 1. The coalition and/or agencies are establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. | Yes  No |
| 1. The coalition and/or agencies have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness. | Yes  No |
| 1. The coalition and/or agencies are educating stakeholders, board of directors, and funders on the topic of creating greater racial and ethnic diversity. | Yes  No |
| 1. The coalition and/or agencies are collecting data to better understand the pattern of program use for people of different races and ethnicities. | Yes  No |
| 1. The coalition and/or agencies are conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. | Yes  No |

1. How will this program and its practices be culturally responsive to the population(s) who participate?

# Assurances for Employment Grants Program

(Name of Applicant Municipality) **HEREBY AGREES THAT IT WILL COMPLY WITH THE FOLLOWING ASSURANCES:**

1. The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the Applicant, authorizing the execution of this agreement, including all understandings and assurances contained therein, and authorizing the Authorized Official to act in connection with the Applicant and to provide such additional information as may be required.
2. Funds received under this program will be used to provide services to eligible recipients who are homeless.
3. Persons receiving services as part of the Employment Grants program will not be required to be a resident of the state or locality and will not be required to participate in religious activities.
4. Information about recipients and applications will be kept confidential.
5. The applicant assures that it has sufficient fiscal control and funding accountability to adequately safeguard disbursement and accountability for funds awarded.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

(Digital Signatures Accepted)