

**Homeless Case Management Services Grant**

**Application**

**Grant Year 2023/2024**

**State of Wisconsin**

**Department of Administration**

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

Last Revised Feb 2023

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# HOMELESS CASE MANAGEMENT SERVICES GRANT APPLICATION

Grant Year: 2023/24

Applications are due by email at 11:59PM CST on March 27, 2023 to the following email address DOASupportiveHousing@wisconsin.gov. **Late applications will not be accepted.**

## Applicant Information

Please fill out the following information about your agency:

|  |  |
| --- | --- |
| Name of the Applicant Agency *\*Referred to as the applicant moving forward* |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address)Payable To | Payable To: |
| Physical Address of Primary Office |  |
| UEI Number |  |
| Type of Organization (501c3, Government Entity etc.) |  |
| Please attach proof from SAM.gov that the applicant is not in a period of debarment, suspension, or in ineligibility status | Attached to Application? [ ] Yes [ ] No*\***If not attached the applicant will be ineligible. See* [*appendix*](#_Appendix:_How_to) *for instructions on how to pull this information from SAM.gov.* |
| Applicant’s HUD-recognized Continuum of Care (CoC) and Local Homeless Coalition (if applicable) | CoC:Local Homeless Coalition (if applicable): |
| Applicant’s HCMS Program Manager or Primary Point of Contact for the HCMS Program |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Email
 |  |
| 1. Phone Number
 |  |
| Applicant’s Official Authorized to Sign Application and Contract |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Email
 |  |
| 1. Phone Number
 |  |
| 1. Signature & Date

(Digital signatures are accepted) |  |
| Client Referral Contact Information for the HCMS Program |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Email
 |  |
| 1. Phone Number
 |  |
| 1. Agency Website
 |  |
| (*Not Required*) If awarded, the name, title, email and phone number of others the applicant would like copied on general information updates |
| 1. Name
2. Title
3. Email
4. Phone Number
 |  |
| 1. Name
2. Title
3. Email
4. Phone Number
 |  |

## Applicant Eligibility

Please answer the following questions:

1. Does the applicant run a shelter facility or motel voucher program? [ ] Yes [ ] No
2. What populations does the applicant serve? Please check all that apply.

|  |  |
| --- | --- |
| [ ] All Households[ ] Households with Children [ ] Households without Children [ ] Single Men [ ] Single Women [ ] Victims of Domestic Violence [ ] Youth | [ ] OtherIf other, please describe: |

1. Is the applicant a subscriber of the Homeless Information Management System (HMIS) or an HMIS comparable database? Please check one of the following.

 [ ] HMIS [ ] HMIS comparable database, name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] No

1. Does the applicant have an active Sam.gov registration and can they show proof of non-debarment, not being in a period of suspension or ineligibility? [ ] Yes [ ] No
	1. Is proof of the Sam.gov status attached to this application? [ ] Yes [ ] No

*\*\*See* [*appendix*](#_Appendix:_How_to) *for instructions on how to pull this information from SAM.gov*

*Please note if the applicant cannot answer yes to running a shelter or motel voucher program, having an active HMIS or HMIS comparable database subscription and providing proof of Sam.gov eligible status (attaching it to this application), the applicant is not an eligible applicant for the HCMS grant.*

## Project Needs Statement

Please answer the following questions about the services the applicant will provide if awarded an HCMS grant.

1. Please check which of the following core case management focus areas will be provided to clients (at least one (1) is required):

|  |  |
| --- | --- |
| Core Case Management Focus Areas | Will It Be Provided? |
| 1. Financial management
 | [ ] Yes [ ] No |
| 1. Employment
 | [ ] Yes [ ] No |
| 1. Ensuring school continuation for children
 | [ ] Yes [ ] No |
| 1. Enrolling unemployed or underemployed parents in W-2 or the Food Share employment and training program
 | [ ] Yes [ ] No |

1. Please describe what other supportive services (beyond the above services) will be provided to families enrolled in the HCMS program.

## Estimating Clients Served & Ensuring Eligibility

The HCMS grant has a narrow definition of who can be served. Given this, the applicant needs to have policies and procedures in place to ensure people served under the HCMS grant meet the four client eligibility definitions.

1. How many individual clients and households does the applicant estimate they will serve who meet the first TANF family definition?

*TANF Family Definition #1: Homeless adults (age 18 or older) accompanied by minor children (under age 18 for whom the homeless adults are legally responsible, or under 19 but a full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education)*

1. Estimated Numbers: Individuals\_\_\_\_\_\_\_ Households\_\_\_\_\_\_\_
2. How will families meeting the first eligible TANF definition of family be identified and how will their eligibility be documented if the applicant is awarded the HCMS grant?
3. How many individual clients and households does the applicant estimate they will serve who meet the second TANF family definition?

*TANF Family Definition #2: Homeless pregnant women*

1. Estimated Numbers: Individuals\_\_\_\_\_\_\_ Households\_\_\_\_\_\_\_
2. How will families meeting the second eligible TANF definition of family be identified and how will their eligibility be documented if the applicant is awarded the HCMS grant?
3. How many individual clients and households does the applicant estimate they will serve who meet the third TANF family definition?

*TANF Family Definition #3: Homeless adults, unaccompanied by children, who are non-custodial parents of children under the age of 18*

1. Estimated Numbers: Individuals\_\_\_\_\_\_\_ Households\_\_\_\_\_\_\_
2. How will families meeting the third eligible TANF definition of family be identified and how will their eligibility be documented if the applicant is awarded the HCMS grant?
3. How many individual clients and households does the applicant estimate they will serve who meet the fourth TANF family definition?

*TANF Family Definition #4: Homeless adults, unaccompanied by children, who are over age 18 but younger than age 25 and accompanied by another person related by blood or marriage*

1. Estimated Numbers: Individuals\_\_\_\_\_\_\_ Households\_\_\_\_\_\_\_
2. How will families meeting the fourth eligible TANF definition of family be identified and how will their eligibility be documented if the applicant is awarded the HCMS grant?
3. How many individual clients and households does the applicant estimate they will serve with the HCMS grant?
	1. Estimated Numbers: Individuals\_\_\_\_\_\_\_ Households\_\_\_\_\_\_\_
	2. Are the estimated numbers the same as the total of the estimates from questions (7-10)?

[ ] Yes [ ] No

* 1. If no, please provide rationale for the difference:
1. How many individual clients and households does the applicant serve yearly in their shelter and motel voucher programs?

Estimated Numbers: Individuals\_\_\_\_\_\_\_ Households\_\_\_\_\_\_\_

13. What percentage of the total individual clients and households served yearly by the applicant’s shelter and motel voucher programs, does the applicant expect to be in the HCMS program if awarded?

Estimated Percentages: Individuals\_\_\_\_\_\_\_% Households\_\_\_\_\_\_\_%

## Budget

1. HCMS funds are awarded in two (2) categories, case management funds and administrative funds. Applicants can request up to 15% of their award be administrative funds. Please fill out the following detailing the applicant’s funding request:

|  |  |
| --- | --- |
| Description | Amount Requested |
| Case Management Funds |  |
| Administrative Funds (Up to 15% of total award; max $7,500) |  |
| Total HCMS Grant Request | $50,000 |

1. How does the applicant plan to spend the Case Management Funds? Please detail the types of costs the applicant plans to charge to Case Management Funds.
2. How does the applicant plan to spend the Administrative Funds? Please detail the types of costs the applicant plans to charge to Administrative Funds.

## Financial Management

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

|  |  |
| --- | --- |
| Questions | Answers |
| 1. Does the applicant have a method of tracking each funding source from DEHCR separately within its chart of accounts?
 | [ ] Yes [ ] No, will create if awarded[ ] No, will NOT create |
| 1. Does the applicant 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 the applicant’s 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 |

## Contractual Responsibility & Subcontracting

Please answer the following questions:

1. Will the applicant provide ALL services directly? [ ] Yes [ ] No, will sub-contract
2. If no, does the applicant recognize and will it abide by the requirement to maintain contractual responsibility and monitor sub-contractors/sub-recipients in the same manner DEHCR monitors grantees? [ ] Yes [ ] No
3. If sub-contracting, please describe what services will be contracted out.

## 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 the applicant has the following, and if not whether they will create it if awarded.**

|  |  |
| --- | --- |
| Practices, Policies, Procedures & Documentation | Answers |
| 1. Client Prioritization Documentation

Each grantee must have written documentation outlining how eligible homeless families for the HCMS program will be prioritized, and how it will be decided which of those families ultimately enter the HCMS program and which ones will not. The HCMS program gives preference to serving category 1 and category 2 homeless families, however all eligible families can be served if there is capacity. Each grantee may decide which families to serve within these guidelines.  | [ ] Yes [ ] No, will create if awarded[ ] No, will NOT create |
| 1. Client Termination Policy (for HCMS)

To terminate assistance to a program participant, the grantee must establish and follow their formal process with the following requirements:* Grantees must document the provision of the termination policy to the client.
* Grantees may terminate assistance if a participant 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 may provide assistance to a program participant who has been terminated from a program at a later date.
 | [ ] Yes [ ] No, will create if awarded[ ] No, will NOT create |
| 1. Equal Access

Grantees need have policies and practices to ensure equal access to services regardless of sexual orientation, gender identity, family composition or marital status. Further, grantees will be required to complete HUD’s Equal Access Agency Assessment Tool ([link](https://www.hudexchange.info/resource/4952/equal-access-rule-project-self-assessment-tool/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=ef72d86245-Equal-Access-Rule-Assessment_11.4.21&utm_medium=email&utm_term=0_f32b935a5f-ef72d86245-19521985)) and submit the results to DEHCR within the first 6-months of the HCMS contract if awarded. | [ ] Yes [ ] No, will create if awarded[ ] No, will NOT create |
| 1. Involuntary Family Separation

The following rules apply to all grantees:* All individuals or groups of individuals regardless of age, gender identification, sexual orientation, and marriage status identifying as a family must be served as a family by any project which serves families. There can be no involuntary separation.
* There can be no documentation requirement or need for “proof” of family, gender identification, and/or sexual orientation. Examples of prohibited inquiry and documentation include but are not limited to parentage, birth certificates, and marriage certificates.
* Families with children under age 18 must not be denied services based on the age of any child under age 18. For example, a family could not be denied assistance because there is a 16-year-old in the family.
 | [ ] 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. No Required Faith Based Activities or Religious Influence

All HCMS-funded activities must be administered in a manner that is free from religious influences and in accordance with the following principles:* Grantees 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.
* Grantees 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.
* Grantees 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 HCMS.
	+ If a grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under HCMS, and participation must be voluntary for HCMS program participants.
 |  |
| 1. Recordkeeping and Retention

Grantees must retain all program files 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 Department of Administration (DOA, DEHCR), Depart of Children and Families (DCF), and the Legislative Audit Bureau (LAB). Often the turnaround for file requests is short; therefore, files must be readily accessible so they can be provided within the timeframe requested. | [ ] Yes [ ] No, will create if awarded[ ] No, will NOT create |
| 1. Trauma-Informed Care Practices

Recognizing that most HCMS clients have experienced different types of trauma, each grantee is required to have trauma-informed care practices in place. Trauma-informed care practices are defined as an approach to intervention and providing services that focuses on how trauma may affect an individual’s life and their response to receiving services in various systems. All grantees are expected to provide training to their staff on trauma-informed care practices. | [ ] Yes [ ] No, will create if awarded[ ] No, will NOT create |

## Racial Equity & Equal Access

DEHCR is dedicated to increasing racial equity and equal access 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 the applicant’s service territory population is BIPOC (Black, Indigenous, People of Color)?
 | % |
| 1. What percentage of the applicant’s clients are BIPOC?
 | % |

1. What strategies does the applicant employ to ensure services are racially equitable for its region?

Please complete chart below.

|  |  |
| --- | --- |
| Question: Does the applicant 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?
2. Does the applicant commit to completing HUD’s Equal Access Agency Assessment Tool ([link](https://www.hudexchange.info/resource/4952/equal-access-rule-project-self-assessment-tool/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=ef72d86245-Equal-Access-Rule-Assessment_11.4.21&utm_medium=email&utm_term=0_f32b935a5f-ef72d86245-19521985)) and submitting the results to DEHCR within the first 6-months of the HCMS contract if awarded?

[ ] Yes [ ] No

## Assurances for Homeless Case Management Services Grant Program (Requires Signature)

 (Name of Applicant Agency) 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 grant program will be used to provide services to eligible recipients who are homeless.
3. Persons receiving shelter will not be required to be a resident of the state or locality, will not be required to pay for shelter, and will not be required to participate in religious activity.
4. Information about shelter 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 are accepted)

## Appendix: How to Demonstrate SAM.gov Status

All applicants must provide documentation from SAM.gov that they are not in a period of debarment/suspension or in ineligibility status (i.e. have no active exclusion records). Applicable link: <https://sam.gov/content/home>

1. Sign in to Sam.gov and view the entity’s registration record
	1. In the entity record, select “Exclusions” in the left navigation. Any active or inactive exclusions will display. If there are no exclusions, a message reading, “There are no active/inactive exclusion records associated to this entity by its Unique Entity ID,” is displayed. Provide a printout or screenshot.

