

**Homeless Case Management Services Grant**

**Application**

**Grant Year 2024/2025**

**State of Wisconsin**

**Department of Administration**

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

Last Revised March 2024

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# HOMELESS CASE MANAGEMENT SERVICES GRANT APPLICATION

Grant Year: 2024/25

Applications are due by email at 11:59PM CST on April 19, 2024, 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  |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address) | Payable To: |
| Physical Address of Primary Office |  |
| UEI Number |  |
| Type of Organization (501c3, Government Entity etc.) |  |
| Attach proof of an active [SAM.gov](https://sam.gov/content/home) registration and proof of non-debarment/having no active exclusions. Instructions for how to pull this information from [SAM.gov](https://sam.gov/content/home) are available on [DEHCR’s website](https://energyandhousing.wi.gov/Pages/AgencyResources/SupportiveHousingResources.aspx#:~:text=Instructions_Pulling%20from%20Sam.gov_Registration%20and%20Exclusions%20Status). | Attached? **REQUIRED.**   [ ] Yes [ ] No**Applicants who do not attach proof are ineligible.** Proof documentation must be current (pulled within **2 months** of the date the application is submitted). |
| 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) |  |
| Applicant’s Client Referral Contact Information for the HCMS Program |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Email
 |  |
| 1. Phone Number
 |  |
| 1. Website
 |  |
| Applicant’s Primary Fiscal Contact for the HCMS Program |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Email
 |  |
| 1. Phone Number
 |  |
| Name, title, email and phone number of other staff 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 participate in coordinated entry for the CoC/LHC? [ ] Yes [ ] No
2. Does the applicant have an active [SAM.gov](https://sam.gov/content/home) 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](https://sam.gov/content/home) status attached to this application? Proof must be current, pulled within 2 months of the date of the application submission.

 [ ] Yes [ ] No

*\*\* Instructions for how to pull this information from* [*SAM.gov*](https://sam.gov/content/home) *are available on* [*DEHCR’s website*](https://energyandhousing.wi.gov/Pages/AgencyResources/SupportiveHousingResources.aspx#:~:text=Instructions_Pulling%20from%20Sam.gov_Registration%20and%20Exclusions%20Status)*.* ***Applicants who do not attach proof are ineligible.***

***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, participating in coordinated entry, and providing proof of Sam.gov eligible status (including 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 to clients if awarded an HCMS grant.

1. How often do clients typically meet with case managers? Is there a minimum cadence required (example: clients must meet with case managers at least once per week)?
2. Please check which of the following core HCMS case management focus areas the applicant will offer to clients, and when clients are typically assessed as to whether they need the type of case management/ service (example: 1st week in shelter, 2nd week, 3rd week, etc.).

|  |  |  |
| --- | --- | --- |
| **Core HCMS Case Management Focus Areas** | **Offered?****(yes/ no)** | **Typical Assessment Timing (1st wk in shelter, 2nd wk, 3rd wk, etc.)** |
| 1. Financial management.
 | [ ] Yes [ ] No |  |
| 1. Employment-related services including but not limited to connecting clients to local workforce development boards and assisting them with the Job Center of Wisconsin website.
 | [ ] 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 **by the applicant** to families enrolled in the HCMS program.
2. Please describe what other supportive services or programs **the applicant regularly refers clients to that are provided by outside organizations** (government, agencies, non-profit organizations, etc.).

## Estimated Clients Served & Prioritization

The HCMS grant has a narrow definition of who can be served. All clients must be staying at the shelter or in a motel through a motel voucher program and meet the definition of one of the four eligible categories. Each client household will need to sign documentation to self-certify they meet one of the eligible categories ([HCMS Sample Client Eligibility Documentation](https://energyandhousing.wi.gov/Documents/Homeless%20Case%20Management%20Services%20%28HCMS%29/2023%20HCMS%20Sample%20Client%20Eligibility%20Documentation.docx) is available on [DEHCR’s website](https://energyandhousing.wi.gov/Pages/AgencyResources/homeless-case-management.aspx)).

1. Please estimate how many households and associated individuals the applicant will serve in each of the four eligible client categories if awarded the HCMS grant.

|  |  |  |
| --- | --- | --- |
| **Eligible Category** | **# Households** | **# Individuals** |
| 1. **Category #1**: ​Homeless individuals accompanied by minor children (under age 18 for whom the homeless individuals 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. **Category #2**: Homeless pregnant individuals.
 |  |  |
| 1. **Category #3**: Homeless individuals, unaccompanied by children, who are non-custodial parents of children under the age of 18.
 |  |  |
| 1. **Category #4**: Homeless individuals who are younger than age 25 and accompanied by another person related by blood or marriage.
 |  |  |
| 1. **Total HCMS Program**
 |  |  |

1. How many households and individuals does the applicant serve each year in their shelter and motel voucher programs? This includes those who are/would be served by the HCMS program, and those who are/would not be served by the HCMS program.

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

12. What percentage of the total households and total individuals served each year by the applicant’s shelter and motel voucher programs, does the applicant expect to be in the HCMS program if awarded?

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

1. The HCMS program requires category #1 and category #2 households to be prioritized.
2. Will the applicant use any additional prioritization criteria beyond the household being either category #1 or category #2? [ ] Yes [ ] No
3. If yes, please describe what other prioritization criteria will be used.

## Budget

14. 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 Request | $50,000 |

15. 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.

16. 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

Please answer the following questions:

|  |  |
| --- | --- |
| Questions | Answers |
| 17. 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. |
| 18. 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. |
| 19. Do the applicant’s payroll records clearly define payments among funding sources? | [ ] Yes. [ ] No, will start if awarded.[ ] No, will NOT start. |
| 20. Do employees’ timesheets track actual hours worked per program (funding source) and function (example: case management activities vs. administrative activities)? | [ ] Yes. [ ] No, will start if awarded.[ ] No, will NOT start. |

## Contractual Responsibility & Subcontracting

Please answer the following questions:

21. Will the applicant provide ALL services directly? [ ] Yes [ ] No, will sub-contract.

1. 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
2. If sub-contracting, please describe what services will be contracted out.
3. If sub-contracting, attach proof the sub-contractor/sub-recipient has an active [SAM.gov](https://sam.gov/content/home) registration with proof of non-debarment, not being in a period of suspension or ineligibility. Proof must be current, pulled within 2 months of the application submission. Attached?

 [ ] Yes [ ] No

*\*\* Instructions for how to pull this information from* [*SAM.gov*](https://sam.gov/content/home) *are available on* [*DEHCR’s website*](https://energyandhousing.wi.gov/Pages/AgencyResources/SupportiveHousingResources.aspx#:~:text=Instructions_Pulling%20from%20Sam.gov_Registration%20and%20Exclusions%20Status)*.*

## 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

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. Process to Ensure Client Eligibility

All grantees must have a process in place to screen clients to ensure eligibility. Clients must self-certify, sign documentation, they meet eligibility requirements. | [ ] Yes. [ ] No, will create if awarded.[ ] No, will NOT create. |
| 1. Identification

The grantee cannot require third party documentation such as birth certificates or photo identification as a condition of immediately admitting an individual or family into emergency shelter. | [ ] Yes. [ ] No, will create if awarded.[ ] No, will NOT create. |
| 1. Equal Access

Grantees need to have policies and practices to ensure equal access to services regardless of sexual orientation, gender identity, family composition or marital status.  | [ ] 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. |

## 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’s homeless population is BIPOC (Black, Indigenous, People of Color)?
 | % |
| 1. What percentage of the applicant’s clients are BIPOC?
 | % |

1. Has the applicant identified any underserved populations (example: women who speak Spanish are underrepresented in the applicant’s client population)?

[ ] Yes [ ] No

*\*\*Applicants will not be penalized or rewarded for saying yes or no. DEHCR is interested in how the applicant is analyzing their service delivery and adjusting it to meet the consistently changing needs of the service territory’s homeless population.*

31. Based on the answer to question 30, please address one of the following questions:

**If yes**, what underserved populations have been identified?

**If no**, please describe the applicant’s client population and how It compares to the service territory’s homeless population.

|  |
| --- |
|  |

32. Based on the answer to question 30, please address the following question:

**If yes**, how is the applicant addressing the underserved population’s needs through policy and program changes (examples: recruiting more Spanish speaking staff, community outreach at local events, offering popular trainings in Spanish)?

**If no**, please describe strategies that have helped the applicant most effectively address the diverse needs of their client population, and any learnings other agencies could benefit from.

33. How is the applicant training staff on how people of different races/ethnicities may access and use homeless services differently, and may “present” (examples: communicate needs, language choice, description of severity) needs differently?

* + 1. How are stakeholders, board of directors and funders trained on the above?

34. 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)