

**2025-2026 CRITICAL ASSISTANCE**

**PROGRAM APPLICATION**

**STATE OF WISCONSIN**

**DEPARTMENT OF ADMINISTRATION**

**DIVISION OF ENERGY, HOUSING AND COMMUNITY RESOURCES**

**FEBRUARY 2025**

***APPLICATION DUE BY MARCH 21, 2025***

**Logo, company name

Description automatically generated**

**Table of Contents**

[2025-2026 Critical Assistance Program Application 3](#_Toc188877711)

[Applicant Information 3](#_Toc188877712)

[Funding Request 4](#_Toc188877713)

[Submittal Authorization 4](#_Toc188877714)

[Application Questions 5](#_Toc188877715)

[Narrative Questions 5](#_Toc188877716)

[Racial Equity Questions 9](#_Toc188877717)

[Contractual Responsibility and Subcontracting 11](#_Toc188877718)

[Practices, Policies, Procedures, and Documentation 11](#_Toc188877719)

[Financial Management Questions 14](#_Toc188877720)

[Budget Information 16](#_Toc188877721)

[Proposed Critical Assistance Program Operating Budget 16](#_Toc188877722)

[Program Income/Revolving Loan Fund 17](#_Toc188877723)

[Critical Assistance Program Assurances 18](#_Toc188877724)

[Appendix 19](#_Toc188877725)

[How to Demonstrate Eligible SAM.gov Status 19](#_Toc188877726)

**2025-2026 Critical Assistance Program Application**

Completed applications must be submitted as a PDF to the [DOA Supportive Housing](mailto:DOASupportiveHousing@wisconsin.gov) inbox, with the [Critical Assistance program manager](mailto:dana.wallace1@wisconsin.gov) copied on the email, by **Friday,** **March 21st.**

**Applicant Information**

|  |  |
| --- | --- |
| Name of Applicant Agency: |  |
| Physical Address of the Primary Office Location (Include 9-digit zip code): |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address; include 9-digit zip code): |  |
| UEI Number: |  |
| HMIS Organization ID and Program ID(s): |  |
| Attach proof from SAM.gov that the applicant is not in a period of debarment, suspension, or in ineligibility status:  \*\*\*See Appendix for instructions | Attached?  Yes  No |
| **Applicant’s Program Manager or Primary Point of Contact for the Critical Assistance Program** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| **Applicant’s Official Authorized to Sign the Critical Assistance Application and Contract** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| **Client Referral Contact Information for the Critical Assistance Program** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| 1. Agency Website Link: |  |

**Funding Request**

|  |  |
| --- | --- |
| **Description** | **Amount** |
| Program Funds: | $ |
| Administrative Funds (up to 15 percent of total funds requested; max **$42,420**): | $ |
| **Total Funds Requested**: | $ |

**Submittal Authorization**

To be signed by the official authorized to commit to this Agreement on behalf of (applicant agency), I submit this application for the Critical Assistance program. To the best of my knowledge, all the information contained herein is accurate and complete as stated.

Signature Title

Printed Name Date

**Application Questions**

All applicant agencies are required to answer the following questions:

**Narrative Questions**

1. Please select the type of organization the applicant agency is classified as from the following:

|  |  |
| --- | --- |
|  | A governing body of a county, city, village, or town |
|  | An elected governing body of a federally recognized American Indian tribe or band in the state of Wisconsin |
|  | A housing authority |
|  | A nonstock corporation that is organized under [ch. 181](https://docs.legis.wisconsin.gov/statutes/statutes/181) and that is a nonprofit corporation, as defined in [Wis. Stat. § 181.0103(17)](https://docs.legis.wisconsin.gov/document/statutes/181.0103(17)) |
|  | A cooperative organized under [ch. 185](https://docs.legis.wisconsin.gov/statutes/statutes/185) or [193](https://docs.legis.wisconsin.gov/statutes/statutes/193), if the articles of incorporation, articles of organization, or bylaws of the cooperative limit the rate of dividend that may be paid on all classes of stock |
|  | A religious society organized under [ch. 187](https://docs.legis.wisconsin.gov/statutes/statutes/187) |
|  | An organization operated for profit |

|  |
| --- |
| 1. Briefly describe the applicant agency’s experience in providing homelessness prevention assistance or other types of assistance to low-to-moderate income households. |
|  |
|  |
| 1. Explain the applicant agency’s experience managing state and/or federal government grants. Include fiscal controls and processes that are in place to administer and track these types of funds. |
|  |
|  |
| 1. **Population Served** 2. List the target population(s) that will be served by the Critical Assistance program. |
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|  |
| 1. Are there any special needs or barriers to housing that may exist for the applicant agency’s target population(s)? Provide detailed information on each special need or barrier that exists. |
|  |
|  |
| 1. **Program Process** 2. What outreach efforts will the applicant agency conduct to inform potential clients of the services offered through the Critical Assistance program? |
|  |
|  |
| 1. Provide an outline of the Critical Assistance application process. |
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|  |
| 1. How will the applicant agency determine whether a potential client’s housing is affordable? The determination of housing affordability should incorporate a monthly income to housing cost ratio and utility costs. |
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|  |
| 1. Describe the process for determining whether a potential client will receive assistance through the Critical Assistance program. How will the applicant agency manage multiple priorities when awarding assistance? |
|  |
|  |
| 1. How will the applicant agency ensure that the Critical Assistance funds are being used for client’s housing that is decent, safe, and sanitary? What housing standards are being used to determine habitability? |
|  |
|  |
| 1. Detail the process that will ensure timely payments are made to the lender for foreclosure prevention, to the city clerk for property tax arrearages, to the landlord for rent and security deposit assistance, and to the utility company for arrearages or disconnection prevention. |
|  |
|  |
| 1. Does the applicant agency have the staff capacity to administer the Critical Assistance program? Provide information on each staff position and what their role will be in the Critical Assistance program. |
|  |
|  |
| 1. **Program Process**   Complete the following chart for each eligible activity:   |  |  |  | | --- | --- | --- | | **Activity Type** | **Minimum Assistance** | **Maximum Assistance** | | Mortgage Payments | $ | $ | | Property Taxes | $ | $ | | Rent Payments | $ | $ | | Security Deposits | $ | $ | | Utility Payments | $ | $ | |
|  |
| How were the assistance amounts determined for each eligible Critical Assistance activity? |
|  |
|  |
| 1. In what way will clients be able to provide feedback to the applicant agency to improve the design and policies of the Critical Assistance program? |
|  |
|  |
| 1. Explain how the applicant agency will work collaboratively with other homeless prevention assistance providers, county human services departments, and other various housing agencies. List the external agencies that the applicant agency has coordination and referral arrangements with to provide service referrals. |
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|  |
| 1. Does the applicant agency have at least one person experiencing homelessness or a formerly homeless individual on their Board of Directors (or equivalent policy-making entity)? If not, provide an explanation. |
|  |
|  |
| 1. Briefly describe the applicant agency’s experience utilizing the Homeless Management Information System (HMIS). |
|  |
|  |
| 1. **Long-Term Outcomes** 2. How will the applicant agency create evaluation criteria to determine whether the persons served by the Critical Assistance program were in the greatest need of homelessness prevention assistance and were most likely avoid to homelessness? |
|  |
|  |
| 1. What additional supportive services can be available to clients after they have received their financial assistance through the Critical Assistance program? |
|  |

**Racial Equity Questions**

DEHCR is dedicated to increasing racial equity across the state of Wisconsin and particularly doing so in all programs receiving DEHCR-administered funds.

|  |
| --- |
| 1. Which racial/ethnic groups are most over-represented in the applicant agency’s programs compared to their representation in the general population? |
|  |
|  |
| 1. How does the applicant agency intentionally address the principles, values, and skills needed to improve outcomes for the population groups identified in the question above? |
|  |
|  |
| 1. What partnerships does the applicant agency have to help address racial disparities in homelessness prevention? Who else could the applicant agency partner with? |
|  |
|  |
| 1. Describe the diversity amongst the applicant agency’s staff, specifically those in leadership positions. |
|  |

|  |  |
| --- | --- |
| 1. **Does the applicant agency agree with the following statements:** | **Answers** |
| 1. The applicant agency has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness prevention and engaging internal and external stakeholders. | Yes  No |
| 1. The applicant agency offers formal employee training around biases, anti-racism, or general diversity, equity, and inclusion. | Yes  No |
| 1. The applicant agency collects data to better understand the pattern of program usage for persons of different races and ethnicities. | Yes  No |

**Contractual Responsibility and Subcontracting**

|  |
| --- |
| 1. Will the applicant agency provide ALL services directly? ☐ Yes ☐ No, will subcontract 2. If not, does the applicant agency recognize and will it abide by the requirement to maintain contractual responsibility and monitor subcontractors/subrecipients in the same manner DEHCR monitors its Grantees?  Yes  No |
| 1. If subcontracting, please describe what services will be contracted out. |
|  |

**Practices, Policies, Procedures, and Documentation**

The following practices, policies, procedures, and documentation are required of the Grantee and will be reviewed during the monitoring process. Please answer whether the applicant agency has the following:

|  |  |
| --- | --- |
| **Practices, Policies, Procedures & Documentation** | **Answers** |
| 1. **Signing Authority Documentation**   The Grantee must have documentation naming the person or persons who have signing authority for their organization. | Yes  No, will create if awarded |
| 1. **Accessibility Practices/Resources**   The Grantee should have resources and practices in place to communicate with all potential clients including those with limited or no English. 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. **Faith-Based Activities**   All Critical Assistance-funded activities must be administered in a manner that is free from religious influences and in accordance with the following principles:   * The Grantee 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. * The Grantee must not discriminate against any person applying for services and must not limit services or give preference to persons based on religion. * The Grantee 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 Critical Assistance program.   + If the Grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under the Critical Assistance program, and participation must be voluntary for Critical Assistance clients. | Yes  No, will create if awarded |
| 1. **Client Termination Policy**   To terminate assistance to a program participant, the Grantee must establish and follow their formal process with the following requirements:   * The Grantee must document the provision of the termination policy to the client. * The Grantee may terminate assistance if a participant violates the rules of the program. * The Grantee must establish and follow a formal process that recognizes individual rights.   + The Grantee may allow termination in only the most severe cases.   + The Grantee may provide assistance to a program participant who has been terminated from a program at a later date. | Yes  No, will create if awarded |
| 1. **Confidentiality Policy**   The Grantee must develop and implement written confidentiality procedures to ensure all records containing personally identifying information (as defined by HUD) of any person or family who applies for and/or receives assistance through the Critical Assistance program is kept secure and confidential. | Yes  No, will create if awarded |
| 1. **Conflict of Interest Policy**   The Grantee must comply with organizational, individual, and procurement conflict of interest provisions:   * *Organizational Conflict of Interest:* The Grantee must not condition assistance on a client’s acceptance of housing owned by the Grantee, a part, or subsidiary of the Grantee. * *Individual Conflict of Interest:* The individual conflict of interest regulations prohibits financial gain for self, family, or those with business ties. No person who exercises responsibility over the Critical Assistance program or who is in a position to participate in a decision-making process or gain inside information with regard to the Critical Assistance program 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 Grantee must maintain written standards governing the performance of its employees engaged in awarding and administering contracts. At a minimum, these standards must:     - Require that no employee, officer, or agent of the Grantee shall participate in the selection, award, or administration of a contract supported by Critical Assistance funds if their participation would create a real or apparent conflict of interest.     - Require that Grantees’ 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. | Yes  No, will create if awarded |
| 1. **Nondiscrimination Policy for Clients & Employees**   The Grantee must have a policy expressing discrimination against clients and employees 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 |
| 1. **Drug Free Workplace Policy**   The 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 receiving notice that a covered employee (an employee supported with Critical Assistance funds) has been convicted of a criminal drug violation in the workplace. | Yes  No, will create if awarded |
| 1. **Anti-Lobbying Requirements**   The Grantee is required to have a policy in place to ensure compliance with anti-lobbying requirements. Critical Assistance funds may not be used to influence contracting or financial transactions. | Yes  No, will create if awarded |
| 1. **Recordkeeping and Retention**   The Grantee 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 DEHCR. Often the turnaround for file requests is short; therefore, files must be readily accessible so they can be provided to DEHCR within the timeframe requested. | Yes  No, will create if awarded |

**Financial Management Questions**

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

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 1. Does the applicant agency have a method of tracking each funding source from DEHCR separately? | Yes  No, will create if awarded |
| 1. Does the applicant agency have policies and procedures for keeping backup documentation on expenditures so they can be produced upon request? | Yes  No, will create if awarded |
| 1. Do payroll records clearly define payments among funding sources? | Yes  No, will start if awarded |
| 1. Do employees’ timesheets track actual hours worked per funding source or program? | Yes  No, will start if awarded |

**Budget Information**

**Proposed Critical Assistance Program Operating Budget**

In the budget table below, enter the applicant agency’s estimated total expenses for the operation of the Critical Assistance program activities. No more than 15 percent (max **$42,420**) of the total Critical Assistance funds requested may be allocated towards administrative costs. The applicant agency should request the entire **$282,800** of Critical Assistance funding available.

Estimate the number of households that will be served by the Critical Assistance program based on income level.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Categories** | **CA**  **Funds Request** | **Program Income** | **Other Funding** | **Total**  **Operating**  **Budget** | **Estimated Number of Households to be Served** | | |
| **<30%** | **31-50%** | **51-80%** |
| ***Program Costs*** | | | | | | | |
| Mortgage Payments |  |  |  |  |  |  |  |
| Property Taxes |  |  |  |  |
| Rent Payments |  |  |  |  |
| Security Deposits |  |  |  |  |
| Utility Payments |  |  |  |  |
|  | | | | | | | |
| ***Administrative Costs*** | | | | | | | |
| Including, but not limited to: staff salaries and benefits, HMIS fees, etc. |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

Critical Assistance funds allocated to each program category are considered estimated totals. Budget amendments are not required for funding changes between program categories.

**Program Income/Revolving Loan Fund**

Program income is defined as gross income received that is directly generated from the use of Critical Assistance funds or matching contributions. Program income must be used to provide direct financial assistance to Critical Assistance program clients, with up to 15 percent (15%) allowed for administrative costs.

The applicant agency is required to complete the following questions:

1. The applicant agency operates a revolving loan fund generated from Critical Assistance funds or plans to retain program income.

|  |  |
| --- | --- |
|  | Yes – Proceed to Question #2 |
|  | No – Proceed to the next section |

1. The applicant agency plans to receive approximately from returned assistance and interest annually.

$

1. The applicant agency grants, lends, or plans to lend or grant approximately from program income annually.

$

1. Complete the following chart for the funds associated with program income, based on the proposed operating budget table above, that will be used in direct combination with the Critical Assistance funding requested in this application.

|  |  |
| --- | --- |
| **Budget Categories** | **Amount** |
| ***Program Costs*** | |
| Mortgage Payments | $ |
| Property Taxes | $ |
| Rent Payments | $ |
| Security Deposits | $ |
| Utility Payments | $ |
|  |  |
| ***Administrative Costs*** | |
| Including, but not limited to: staff salaries and benefits, HMIS fees, etc. | $ |
| **Total:** | $ |

**Critical Assistance Program Assurances**

The (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 agency, 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 agency and to provide such additional information as may be required.
2. The applicant agency will adhere to the requirements under [Wis. Stat. § 16.303](https://docs.legis.wisconsin.gov/statutes/statutes/16/i/303), [§ 16.304](https://docs.legis.wisconsin.gov/statutes/statutes/16/i/304), and [Wis. Adm. Code Ch. Adm 89](https://docs.legis.wisconsin.gov/code/admin_code/adm/89).
3. The applicant agency will meet state equal employment opportunity requirements under sub ch. [II of ch. 111](https://docs.legis.wisconsin.gov/document/statutes/subch.%20II%20of%20ch.%20111), Stats.
4. Funds received under this Agreement will be used to provide assistance to eligible clients to prevent homelessness.
5. Information about clients and applications received will be kept confidential.
6. The applicant agency assures that it has sufficient fiscal control and funding accountability to adequately safeguard disbursement and accountability for funds awarded.

I, the Undersigned, do hereby certify that all assurances stated above will be complied with in a complete and responsible manner.

Signature Title

Printed Name Date

**Appendix**

**How to Demonstrate Eligible SAM.gov Status**

The applicant agency 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>

Sign in to SAM.gov and view the entity’s registration record.

In the entity record, select “Exclusions” in the left navigation panel. Any active or inactive exclusions will be displayed. 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 with the application submission.

Graphical user interface, text, application, email

Description automatically generated