

**CDBG CV Emergency Assistance and Emergency Shelter Assistance Application**

**Round 2**

**STATE OF WISCONSIN**

**DEPARTMENT OF ADMINISTRATION**

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

**MAY 2025**

***APPLICATION DUE BY JUNE 16, 2025***

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**CDBG CV Emergency Assistance and Emergency Shelter Assistance Application – Round 2**

Completed applications must be submitted as a PDF to DOA Supportive Housing by **Monday,** **June 16, 2025.** Applications are competitive.

**Applicant Information**

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| 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)*: |  |
| Unique Entity Identifier (UEI) Number: |  |
| HMIS Agency ID:  |  |
| 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 |
| Proposed Counties Served:  |  |

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| **Applicant’s Program Manager or Primary Point of Contact for the CDBG CV Program** |
|  Name: |  |
|  Title: |  |
|  Phone Number: |  |
|  Email Address: |  |

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| **Applicant’s Official Authorized to Sign the CDBG CV Application and Contract** |
|  Name: |  |
|  Title: |  |
|  Phone Number: |  |
|  Email Address: |  |

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| **Client Referral Contact Information for the CDBG CV Program** |
|  Name: |  |
|  Title: |  |
|  Phone Number: |  |
|  Email Address:  |  |
|  Agency Website Link: |  |

**Funding Request**

Agencies may request up to $200,000 total. An additional 10% administration will be added to each award.

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| **Description** | **Amount** |
| Emergency Rental / Utility Assistance: | $  |
| Emergency Shelter Operations Assistance: | $  |
| Emergency Motel Voucher Assistance: | $  |
| **Total Budget:**  | $  |

**Submittal Authorization**

As the official authorized to commit to this agreement on behalf of (applicant agency), I submit this application for the CDBG CV program. To the best of my knowledge, all the information contained herein is accurate and complete as stated.

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|  |  |  |
| Signature |  | Date |
|  |  |  |
| Printed Name |  |  |

**Application Questions**

Applicant agencies are required to answer all questions within the application.

1. Provide a description of the proposed emergency rental/utility assistance or shelter activities this grant will provide and how the most vulnerable clients will be served first.

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1. Describe the agency’s plan for tracking and documenting client demographics, including income, race, and ethnicity. HMIS (Clarity) is required except for victim-service agencies who must use an HMIS-comparable database.

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1. Does the agency have an intake process to gather basic information and assess service needs?

[ ]  Yes [ ]  No *(If selected, provide an explanation below)*

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1. Does the agency provide information and referral services to connect clients to mainstream resources?

[ ]  Yes [ ]  No *(If selected, provide an explanation below)*

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1. Describe the agency’s experience providing rent/utilities and/or shelter services to households experiencing homelessness or at risk of homelessness.

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1. Describe the agency’s staff capacity and experience in managing grant funds. Describe the fiscal controls and processes in place to properly administer and account for these funds.

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1. If the agency is requesting shelter funds, does the agency mandate shelter residents to comply with drug testing requirements during intake and/or during their shelter stay?

[ ]  Yes [ ]  No

1. Describe how the agency connects people experiencing homelessness to Coordinated Entry.

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1. Describe the agency’s capacity to provide case management services to shelter and/or rent/utility clients. Explain how case management services lead to self-resolution, connection to mainstream resources, and securing permanent housing.

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1. Describe how the agency collaborates with other agencies/resources in its service area, including Housing Stability resources.

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1. Describe the agency’s plan to ensure that there is no duplication of benefits (DOB).

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**Practices, Policies, Procedures and Documentation**

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

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| --- | --- |
| **Practices, Policies, Procedures & Documentation** | **Answers** |
| 1. **Signing Authority Documentation**

Each grantee must have documentation naming the person or persons who have signing authority for their organization. | [ ]  Yes [ ]  No |
| 1. **Accessibility Practices/Resources**

Each 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 |
| 1. **Faith-Based Activities**

All CDBG CV 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 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 the CDBG CV program.
	+ If a grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under the CDBG CV program, and participation must be voluntary for beneficiaries.
 | [ ]  Yes [ ]  No |
| 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 |
| 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 |
| 1. **Confidentiality Policy**

Grantees 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 shelter through the CDBG CV program is kept secure and confidential.  | [ ]  Yes [ ]  No |
| 1. **Conflict of Interest Policy**

Grantees must comply with organizational, individual, and procurement conflict of interest provisions: * *Organizational Conflict of Interest:* Grantees must not condition Emergency Assistance or Emergency Shelter 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 CDBG CV program or who is in a position to participate in a decision-making process or gain inside information with regard to the CDBG CV 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 conflict of interest provisions of 2 CFR Part 200 Subpart D 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, or agent of the grantee shall participate in the selection, award, or administration of a contract supported by CDBG CV 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 |
| 1. **Nondiscrimination Policy for Clients & Employees**

Each 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 |
| 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 receiving notice that a covered employee (an employee supported with CDBG CV funds) has been convicted of a criminal drug violation in the workplace. | [ ]  Yes [ ]  No |
| 1. **Anti-Lobbying Requirements**

Each grantee is required to have a policy in place to ensure compliance with anti-lobbying requirements. CDBG CV funds may not be used to influence federal contracting or financial transactions. | [ ]  Yes[ ]  No |
| 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 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 |

**Financial Management Questions**

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

**Appendix**

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

All applicant agencies must provide documentation from SAM.gov that they are not in a period of debarment/suspension or 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 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.



See full instructions on the DEHCR website, [Instructions\_Pulling from Sam.gov\_Registration and Exclusions Status.pdf (wi.gov)](https://energyandhousing.wi.gov/Documents/Supportive%20Housing%20Resources%20and%20Training/Instructions_Pulling%20from%20Sam.gov_Registration%20and%20Exclusions%20Status.pdf)