2025-2026 Project Application

Housing Assistance Program (HAP)

The Housing Assistance Program (HAP) is funding and programming for housing and supportive services for homeless individuals and families to facilitate their movement to independent living.

**Eligible Applicants**

Eligible applicants must be one of the following:

* A county or municipal governing body
* A county or municipal governmental agency
* A community action agency under s. 49.265
* A private, nonprofit organization
* An organization operated for profit

Applicants must have a history in the implementation of housing and/or homeless programs and/or experience working with persons experiencing homelessness; they must also demonstrate an ability to coordinate with other local agencies to provide supportive services.

Applicants must use the Homeless Management Information System (HMIS) or Osnium (an HMIS-equivalent database for victim services agencies) to record client data.

Applicants must use grant funds to support a housing program that does all of the following:

* Utilizes only existing buildings
* Facilitates the utilization, by participants, of appropriate social services available in the community
* Provides, or facilitates the provision of, training in self-sufficiency to participants
* Requires that at least 25% of participants’ income be spent on rent

**Eligible Activities**

* **Assistance**: housing costs and supportive services related to obtaining or maintaining permanent housing
* **Administration**: Up to 5% of the total grant may be spent on administrative costs (unless otherwise indicated by the HUD-recognized CoC). These are defined as non-program expenses incurred by the grantee in the course of providing services to program participants. They include but are not limited to clerical, office, printing, mailing, travel, training, accounting, auditing, and reporting expenses.

**2025-2026 HAP PROJECT APPLICATION**

**Part 1: Applicant Information**

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| **Legal Name of Applicant:** |  |
| Type of Agency | Choose an item. |
| Unique Entity Identifier (UEI): |  |
| Mailing Address:(include 9-digit zip code) |  |
| Address for Reimbursement (check payable to): |  |
| **Individual Authorized to Sign** **Grant Agreement** and Title: |  |
|  Signatory Email Address: |  |

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| **Primary Contact** Name & Title: |  |
|  Phone Number: |  |
|  Email Address: |  |

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| **Coordinated Entry/Client Referral Contact** Information |
|  Name/Title: |  |
|  Phone Number:  |  |
|  Email Address: |  |
|  Website: |  |

***Official Authorized to Commit Applicant Organization to this Agreement***

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| **Name & Title (print):** |  |
| **Signature & Date:** |  |
| *Electronic signature is acceptable.* |

**Part 2: Funding Request**

The administrative amount can be no more than 5% of the total award, unless otherwise indicated by the HUD-recognized CoC.

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| **Activity** | **HAP Request** |
| Assistance |  |
| Administrative |  |
| **TOTAL** |  |

**Part 3: Project Design**

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| **Project Name:** |  |
| Project Type: | Choose an item. |
| Housing Type: | Choose an item. | Other: |  |
| Service Area of Project: |  |

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| 1. **Describe the project for which funding is being requested. Include housing supports and supportive services provided, outreach to the population to be served, and any landlord engagement.**
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| 1. **Describe the need for the project using data. Data sources may include HMIS, point-in-time, coordinated entry, census, local sources, etc.**
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| 1. **Provide a budget narrative for the project. How will HAP funding be used? Will any other funding sources be used for the project?**
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| 1. **Describe the population(s) that will be served by this project and provide the eligibility criteria that will be used. Include any factors that may cause a client to be denied enrollment into the project.**
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| 1. **Describe how the project will coordinate and integrate with the local homeless coalition, HUD-recognized CoC, and other social services in the community (mainstream benefits, social services, employment programs, healthcare benefits, etc).**
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| 1. **Describe how the project will provide, or facilitate, training in self-sufficiency to clients.**
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| 1. **Describe how the project will ensure at least 25% of participant income is spent on rent.**
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| 1. **Describe how the Housing First approach will be applied to the proposed project. Include aspects of project policies and staff training that can support a client-centered Housing First approach such as trauma-informed care and harm reduction.**
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| 1. **Describe how the project will address issues that could jeopardize a client’s housing such as mental health, addiction, resistance to services, lease violations, and other barriers to stable housing.**
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| 1. **Does this project meet a local priority, as determined by the HUD-recognized Continuum of Care (CoC)?**  [ ] Yes [ ] No

**If yes, describe how the project meets the priority.** *Contact your HUD CoC for information on priorities.* |
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| 1. **The use of the Wisconsin Homeless Management Information System (HMIS) (or Osnium, a comparable system for victim service providers) is required for HAP funds.**
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| **Is your agency a current user of HMIS or Osnium?** [ ] Yes [ ] No |
| **If NO, is your agency eligible to use HMIS or Osnium?** [ ] Yes [ ] No***Note****: if your agency is not eligible to use HMIS or Osnium, you are NOT ELIGIBLE for HAP funding.* |
| **If not a current user of HMIS/Osnium, describe how it will be implemented for this project.** |
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| 1. **Coordinated entry (CE) is required for projects that serve populations that meet a HUD definition of homelessness/at-risk of homelessness. CE is not required for projects that serve populations that cannot fit in the current CE system.**

**Will this project participate in Coordinated Entry?** [ ] Yes [ ] No**If yes, describe how the project will participate in CE.****If no, explain why the project cannot fit in the current CE system and provide a description of how clients will be selected for the project.** |
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| 1. **Describe your agency’s financial management structure. Include how your agency has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning account system.**
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| 1. **Describe the agency's experience in operating homeless/housing programs and/or experience working with persons experiencing homelessness. Describe the qualification of the staff assigned to the proposed program, including their knowledge and experience.**
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| 1. **How will the project involve persons with lived experience of homelessness?**

**If the project will not serve people experiencing homelessness, how will the project involve persons with lived experience of housing instability?** |
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**Attachments**

1. Confirmation, via SAM.gov, that the applicant has an active registration and is not in a period of debarment, suspension, or placement of ineligibility status (i.e. no active exclusions)
2. Agency’s most recent fiscal audit, including management letter
3. HAP Certification Form