**2021 Employment Grants Application**

**Background**:

The 2017-2019 Wisconsin State Budget (2017 Wisconsin Act 59) created the Employment Grants Program. Under the program, eligible recipients of funding will connect homeless individuals with permanent employment. The program is modeled after Albuquerque, New Mexico’s “There’s a Better Way” Program, which provides homeless individuals with labor opportunities, payment for work performed and shelter, with additional services at the end of the day. The Department of Administration, Division of Energy, Housing and Community Resources will administer the grant.

The Employment Grants Program is funded by state taxpayer funds (GPR). Funds must benefit homeless individuals.

**Eligibility:**

The program is competitive. Under the program, DEHCR may award one grant per year. Awards are annual grants of up to $75,000. The grantee itself must provide at least $10,000 in matching funds. Grant applicants shall receive preference for funding if partnered with a non-profit organization to provide additional employment and support services to homeless individuals participating in the program. Grantees are strongly encouraged to apply for $75,000 in funding.

The bill limits eligible recipients to municipalities; “municipalities” are defined as: a county, city, village or town. Recipients do not need to be existing Homeless Management Information System (HMIS) subscribers; however, program funds may be used to pay for HMIS-related costs. The grant and all moneys contributed by the municipality shall be used for connecting homeless individuals with permanent employment. Priority for funding will be provided to municipalities that utilize grant and matching funds to pay the wages of homeless individuals participating in the Employment Grants Program. Grantees must include in their application a description and examples of the services they would provide under the grant.

**Reporting Requirements**:

State statutes stipulate that homeless individuals will be the population served by the program. All reporting requirements will be identified in the Attachments of the Agreement between the Department and the Grantee.

DEHCR will require **monthly invoicing of costs and** **reporting** from its grantee regarding services provided with grant funding. The grantee will be provided with the invoicing/reporting from by DEHCR. Grantees must submit reports on the following services provided:

1. The numbers of individuals served.
2. The total amount provided in wages for individuals participating in the program.
3. The total number of hours worked by individuals participating in the program.
4. The number of persons enrolled in **or** referred to:
	1. Wisconsin Works
	2. Food Share Employment and Training
	3. Job Center of Wisconsin enrollment
	4. The Division of Vocational Rehabilitation
	5. Veterans Resource Officers
	6. Other organizations/apprenticeship programs
5. The number of persons who received other services.
6. The number of recipients that gained employment who were previously unemployed.
7. The number of recipients that increased the number of hours worked/week.

**Grantees must submit a final report, as dictated by contract,** in each year of participation.

**Monitoring**:

All required monitoring will be identified in the Attachments of the Agreement between the Department and the Grantee.

**Contract Dates and Information**

The grant agreement will be executed upon signature of both parties, at which time, the grantee will have a period of performance in which to expend the funding. Applications must be fully complete and signed, where indicated. **Completed applications are due by December 10, 2021 and must be received electronically at:** **DOASUPPORTIVEHOUSING@wisconsin.gov****.**

The initial performance period will be January 1 through December 31, 2022. Please limit your responses to: four (4) pages for the Project Needs Statement, one (1) page for the Number of Persons Served, two (2) pages for eligibility, one (1) page for budget and four (4) pages for financial accountability.

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1. **Project Needs Statement**

 Describe the nature and scope of the services you or your partner organization will address.

 Please identify:

* The anticipated numbers of homeless individuals served.
* The specific activities you will perform to connect homeless individuals with permanent employment.
* The specific supplemental activates your partner nonprofit organization will perform to connect homeless individuals with permanent employment.
* Data, information or examples to support your application.
1. **Numbers of Persons Served**

Number of distinct homeless individuals your organization will serve with these funds\_\_\_\_. Number of supplemental distinct homeless individuals your partner nonprofit organization will serve with these funds\_\_\_\_. Total number of persons your organization serves annually\_\_\_\_\_. Total number of persons your partner nonprofit organization serves annually\_\_\_\_\_.

Your application needs to only contain the total number of persons served; however, as a reminder, you will be required to report monthly using the information/categories below:

1. The numbers of individuals served.
2. The total amount provided in wages for individuals participating in the program.
3. The total number of hours worked by individuals participating in the program.
4. The number of persons enrolled in **or** referred to:
	1. Wisconsin Works
	2. Food Share Employment and Training
	3. Job Center of Wisconsin enrollment
	4. The Division of Vocational Rehabilitation
	5. Veterans Resource Officers
	6. Other organizations/apprenticeship programs
5. The number of persons who received other services.
6. The number of recipients that gained employment who were previously unemployed.
7. The number of recipients that increased the number of hours worked/week.
8. **Eligibility**

Please describe the process your organization will use to ensure that homeless individuals assisted are eligible to receive services.

 Please include:

* Plan for selecting eligible recipients.
* Process for tracking data.
1. **Budget**

Please identify spending by category as provided below. Maximum award size is $75,000 and requires a **cash** match of at least $10,000 from participating recipient; grantees are encouraged to submit a budget at the maximum level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Categories for Employment Grants Funds | Grant Funds  | Municipal Match **\***  | Non-Profit Match | Total Budget |
| Administration Costs **\*\*** |  |  |  |  |
| Wages for homeless individuals participating in the Employment Grants Program |  |  |  |  |
| Operational Costs |  |  |  |  |
| TOTAL BUDGET |  |  |  |  |

**\***- Grantee must match at least $10,000 on individual municipal level. Other funding sources are **not** applicable to the required $10,000 municipal match.

**\*\***- Administrative costs are eligible under this program. Criteria for scoring applicants will include administrative costs with preference given to applicants with lower rates.

**Financial Accountability**

Please describe your organization’s financial accountability standards/requirements. At a minimum, describe:

* Policies regarding identification of the source and requirements of funding.
* If hiring/funding employee time with program funds:
	+ Recipients must describe and have in place a mechanism for tracking employee time worked by funding source.
	+ Requirement for eligibility under the Employment Grants Program.
* Organization’s policies regarding the creation and retention of records including, but not limited to: awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
* Mechanisms to establish control and accountability for all funds.
* Ability to produce records/reports to compare outlays with budget amounts, by funding source.
1. **Reporting**

Please describe your mechanism for recording outcomes. DEHCR will provide the required reporting forms and format for reporting.

**APPLICANT INFORMATION**

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Name of Municipality

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Mailing Address for Purchase Order and Reimbursement (P.O. Box or Street Address)

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City, State and Zip Code

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Physical Address of Primary Office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Employer Identification Number DUNS Number

**Name, Title, E-mail address and Telephone of Contact Person:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title E-mail Address Phone

**Name, Title and Information for Official Authorized to Sign:**

Typed Name of Official Telephone Number

Title Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address Date

**ASSURANCES FOR Employment Grants Program**

 (Name of Applicant Municipality) **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. Personally Identifiable Information about eligible participants 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