

**Homeless Case Management Services Grant**

**Application**

**Grant Year 2022/2023**

**State of Wisconsin**

**Department of Administration**

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

Last Revised March 2022

Contents

[HOMELESS CASE MANAGEMENT SERVICES GRANT APPLICATION 2](#_Toc98860557)

[Applicant Information: 2](#_Toc98860558)

[Funding Request 3](#_Toc98860559)

[Applicant Eligibility 3](#_Toc98860560)

[Project Needs Statement 4](#_Toc98860561)

[Expected Number of Clients to be Served 5](#_Toc98860562)

[Ensuring Client Eligibility 5](#_Toc98860563)

[Contractual Responsibility & Subcontracting: 6](#_Toc98860564)

[Practices, Policies, Procedures & Documentation 6](#_Toc98860565)

[Racial Equity 9](#_Toc98860566)

[Budget 11](#_Toc98860567)

[Financial Management 11](#_Toc98860568)

[Assurances for Homeless Case Management Services Grant Program 13](#_Toc98860569)

# HOMELESS CASE MANAGEMENT SERVICES GRANT APPLICATION

Grant Year: 2022/23

Applications are due by email at 12:00PM CST on May 16, 2022 to the following email address [DOASupportiveHousing@wisconsin.gov](mailto:DOASupportiveHousing@wisconsin.gov)

## Applicant Information:

Please fill out the following information about your agency:

|  |  |
| --- | --- |
| Name of the Applicant Agency |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address)  Payable To |  |
| Physical Address of Primary Office |  |
| UEI Number |  |
| DUNS Number |  |
| Type of Organization (501c3, Government Entity etc.) |  |
| Please attach proof from SAM.gov that the applicant is not in a period of debarment, suspension, or in ineligibility status | Attached?  Yes No |
| Applicant’s HCMS Program Manager or Primary Point of Contact for the HCMS Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Phone Number |  |
| 1. Email |  |
| Applicant’s Official Authorized to Sign Application and Contract | |
| 1. Name |  |
| 1. Title |  |
| 1. Phone Number |  |
| 1. Email |  |
| 1. Signature & Date   (digital signatures are accepted) |  |
| Client Referral Contact Information for the HCMS Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Phone Number |  |
| 1. Email |  |
| 1. Agency Website |  |

## Funding Request

1. Please fill out the following chart outlining your agency’s funding request:

|  |  |
| --- | --- |
| Description | Amount Requested |
| Amount Requested in Program Funds |  |
| Amount Requested in Administrative Funds (Up to 15% of total award) |  |
| Total HCMS Grant Request | $50,000 |

## Applicant Eligibility

Please answer the following questions:

1. Is the applicant agency a shelter facility? Yes No
2. If yes, what populations do you serve? Please check all that apply.

|  |  |
| --- | --- |
| All Households  Households with Children  Households without Children  Single Men  Single Women  Victims of Domestic Violence  Youth | Other  If 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

*Please note if your agency cannot answer yes to being a shelter facility, defined as a temporary place of lodging for homeless individuals and families and using either HMIS or an HMIS comparable database, your agency is not an eligible applicant for the HCMS grant.*

## Project Needs Statement

Please answer the following questions about the services your organization will provide if awarded an HCMS grant.

1. Please check which of the following core case management focus areas will be provided to clients (at least one (1) is required):

|  |  |
| --- | --- |
| Core Case Management Focus Areas | Will It Be Provided? |
| 1. Financial management | Yes No |
| 1. Employment | 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 to families enrolled in the HCMS program.

## Expected Number of Clients to be Served

Please answer the following questions based on your agency’s shelter population:

|  |  |  |
| --- | --- | --- |
| Questions | Answers |  |
| Households | Individuals |
| 1. What was the total number served in your agency’s shelter from April 1, 2021 to March 31, 2022? |  |  |
| 1. What was the total number served in your agency’s shelter from April 1, 2021 to March 31, 2022 **who** **match the HCMS eligibility criteria**?   *The HCMS grant has a very narrow definition of who can be served. If you have questions on the eligibility criteria, please see Ensuring Client Eligibility below* |  |  |
| 1. What was the **average length of stay** for all served in your agency’s shelter from April 1, 2021 to March 31, 2022? |  |  |
| 1. What was the average **household size** served in your agency’s shelter from April 1, 2021 to March 31, 2022? |  | N/A |
| 1. Do you expect to serve the same number in the coming year? | Yes  No | Yes  No |
| 1. What is the total number your agency expects to be able to serve with HCMS funds if awarded? |  |  |

## Ensuring Client Eligibility

The HCMS grant has a narrow definition of who can be served. Given this, each agency needs to have policies and procedures in place to ensure people served under the HCMS grant meet the client eligibility definition. Clients who are eligible to be served under the HCMS grant must meet one of following TANF definitions of a family:

1. Homeless adults (age 18 or older) accompanied by minor children (under age 18 for whom the homeless adults 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); or
2. Homeless pregnant women; or
3. Homeless adults, unaccompanied by children, who are non-custodial parents of children under the age of 18; or
4. Homeless adults, unaccompanied by children, who are over age 18 but younger than age 25 and accompanied by another person related by blood or marriage.

Please note, families headed by a person under 18 cannot be served. Preference is given to servicing the first two types of families, however all families as defined above can be served.

1. Please describe the policies and procedures your agency has in place or will put in place if awarded an HCMS grant to ensure client eligibility.

## Contractual Responsibility & Subcontracting:

Please answer the following questions:

1. Will your agency provide ALL services directly? Yes No, will sub-contract
2. If no, does your agency 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
3. If sub-contracting, please describe what services will be contracted out.

## 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 your agency has the following**.

|  |  |
| --- | --- |
| 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, will create if awarded  No, will NOT create |
| 1. Accessibility Practices/Resources   Each grantee should have resources and practices in place to communicate with all potential beneficiaries 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  No, will NOT create |
| 1. Trauma-Informed Care Practices   Recognizing that most HCMS clients have experienced different types of trauma, each grantee is required to have trauma-informed care practices in place. Trauma-informed care practices are defined as an approach to intervention and providing services that focuses on how trauma may affect an individual’s life and their response to receiving services in various systems. All grantees are expected to provide training to their staff on trauma-informed care practices. | Yes  No, will create if awarded  No, will NOT create |
| 1. Faith Based Activities   All HCMS-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 shelter or 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 HCMS.   + If a grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under HCMS, and participation must be voluntary for HCMS program participants. | 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 |
| 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. Confidentiality Policy   All grantees must develop and implement written confidentiality procedures to ensure:   * + All records containing personally identifying information of any person or family who applies for and/or receives HCMS assistance will be kept secure and confidential.   + The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under the HCMS grant will not be made public except with written authorization of the person responsible for the operation of the shelter.   + Grantees must develop and implement procedures to ensure the confidentiality of records pertaining to any person provided family violence prevention or treatment services under any project assisted under the HCMS program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter. | Yes  No, will create if awarded  No, will NOT create |
| 1. Conflict of Interest Policy   Grantees must have and comply with organizational, individual, and procurement conflict of interest polices. Organizational Conflict of Interest: Grantees must not condition HCMS assistance on a client’s acceptance of housing or another good or service owned by the grantee, a parent or subsidiary of the grantee.Individual Conflict of Interest: The individual conflict of interest regulations prohibit financial gain for self, family, or those with business ties. No person who exercises responsibility over HCMS funded projects or who is in a position to participate in a decision-making process or gain inside information with regard to HCMS funded projects 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 42 CFR §495.348 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, agent of the grantee shall participate in the selection, award, or administration of a contract supported by HCMS funds if their participation would create a real or apparent conflict of interest.   + Require that grantee 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  No, will NOT create |
| 1. Non-Discrimination Policy for Clients & Employees   Each grantee must have a policy expressing discrimination against clients and employees based on 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  No, will NOT create |
| 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 HCMS funds) has been convicted of a criminal drug violation in the workplace. | Yes  No, will create if awarded  No, will NOT create |
| 1. Anti-Lobbying Requirements   Each grantee is required to have a policy in place to ensure compliance with anti-lobbying requirements. HCMS funds may not be used to influence federal contracting or financial transactions. | Yes  No, will create if awarded  No, will NOT create |
| 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, will create if awarded  No, will NOT create |

## Racial Equity

DEHCR is dedicated to increasing racial equity 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 your agency’s service territory population is BIPOC (Black, Indigenous, People of Color)? |  |
| 1. What percentage of your agency’s clients are BIPOC? |  |

1. What strategies does your agency employ to ensure services are racially equitable for your region?

Please complete chart below.

|  |  |
| --- | --- |
| Question: Does your agency agree with the following statements? | Answer |
| 1. The coalition and/or agencies are expanding outreach to higher concentrations of underrepresented groups. | Yes  No |
| 1. The coalition and/or agencies have communication (flyers, websites, other materials) inclusive of underrepresented persons. | Yes  No |
| 1. The coalition and/or agencies are training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. | Yes  No |
| 1. The coalition and/or agencies are establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. | Yes  No |
| 1. The coalition and/or agencies have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness. | Yes  No |
| 1. The coalition and/or agencies are educating stakeholders, board of directors, and funders on the topic of creating greater racial and ethnic diversity. | Yes  No |
| 1. The coalition and/or agencies are collecting data to better understand the pattern of program use for people of different races and ethnicities. | Yes  No |
| 1. The coalition and/or agencies are conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. | Yes  No |

1. How will this program and its practices be culturally responsive to the population(s) who participate?

# Budget

HCMS funds are awarded in two (2) categories, program funds and administrative funds. Agencies can request up to 15% of their award be administrative funds. Once the split between the two types of funds is set, at the time of the contract award, it cannot be changed without a contract amendment.

1. Please fill out the below chart to provide an overview of how your agency plans to spend the HCMS grant if awarded, and whether there are matching dollars. Add rows or columns as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Categories | Grant Funds Requested | Cash/Other Resources | In-Kind | Total Anticipated Cost |
| Program Funds |  |  |  |  |
| Administrative Funds |  |  |  |  |
| Total | $50,000 |  |  |  |

# Financial Management

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

|  |  |
| --- | --- |
| Questions | Answers |
| 1. Does your agency have a method of tracking each funding source from DEHCR separately? | Yes  No, will create if awarded  No, will NOT create |
| 1. Does your agency 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 |
| 1. Do your payroll records clearly define payments among funding sources? | Yes  No, will start if awarded  No, will NOT start |
| 1. Do employees’ timesheets track actual hours worked per funding source or program? | Yes  No, will start if awarded  No, will NOT start |

# Assurances for Homeless Case Management Services Grant Program

(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)