**HOME American Rescue Plan (HOME-ARP) Supportive Services Program**

Offering rental assistance plus a wide range of services to households experiencing or at-risk of homelessness and housing instability.

 

State of Wisconsin

Department of Administration

Division of Energy, Housing and Community Resources

**Application**

**Grant Year 2025**

Last Revised February 2025

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# 2025 HOME-ARP Supportive Services Application

Completed applications must be submitted as a PDF and are due by email at **11:59PM CST on April 1, 2025**, to the following email address DOASupportiveHousing@wisconsin.gov. The performance period is July 1, 2025, to June 30, 2026.

## Applicant Information

Please fill out the following information about the organization.

|  |  |
| --- | --- |
| Name of Organization |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address; include 9-digit zip code) |  |
| Physical Address of Primary Office (include 9-digit zip code) |  |
| UEI Number |  |
| Attach proof of the organization having an active [SAM.gov](https://sam.gov/content/home) registration and proof of non-debarment/having no active exclusions.*Instructions for how to pull this information from* [*SAM.gov*](https://sam.gov/content/home) *are available on* [*DEHCR’s website*](https://energyandhousing.wi.gov/Pages/AgencyResources/SupportiveHousingResources.aspx#:~:text=Instructions_Pulling%20from%20Sam.gov_Registration%20and%20Exclusions%20Status)*.* | Attached? REQUIRED [ ] Yes [ ] No |
| Attach proof showing any proposed subcontractors have an active [SAM.gov](https://sam.gov/content/home) registration and proof of non-debarment/having no active exclusions. | Attached? REQUIRED [ ] Yes [ ] No |
| **Organization’s Official Authorized to Sign Application and Contract** |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| **Signature & Date***(Digital Signatures Accepted)* |  |
| Organization’s HOME-ARP **Program Manager/Primary** **Point of Contact**  |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Additional Staff to Copy When Contract Is Sent If Awarded |
| Name, Title, Email |  |
| Name, Title, Email |  |
| Name, Title, Email |  |
| Organization’s **Client** **Referral** **Contact** for the HOME-ARP Program |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Organization’s **Primary Fiscal Contact** for the HOME-ARP Program |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Contact Information for Other Staff the Organization Would Like Copied on **General Information Updates**. |
| Name, Title, Email, Phone |  |
| Name, Title, Email, Phone |  |
| Name, Title, Email, Phone |  |

## Applicant Eligibility

#### Organization Type

1. Please select what type of organization the applicant is:

☐ Elected governing body of a federally recognized American Indian tribe or band in the State of Wisconsin

☐ Governing body of a county, city, village, or town

☐ Housing authority

☐ Nonstock corporation that is organized under Chapter 181 of the Wisconsin Statutes and that is a nonprofit corporation as defined in Wis. Stats. § 181.0103(17)

☐ Private, not-for-profit organization

☐ Religious society organized under Chapter 187 of the Wisconsin Statutes.

If the organization does not meet one of the above, the organization may not be eligible to apply. Please contact the Grant Specialist (contact information available on [DEHCR's website](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx)) for more information.[[1]](#footnote-1)

#### HMIS or HMIS-Comparable Database Subscription

2. Does the organization have an active HMIS or HMIS-Comparable Database Subscription?

[ ]  Yes, HMIS [ ]  Yes, HMIS-Comparable Database [ ]  No

* 1. If using an HMIS-Comparable Database, what is the name of the Database?

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  N/A

#### Expanded Coordinated Entry Participation

3. Does the organization commit to participating in Expanded Coordinated Entry[[2]](#footnote-2) if awarded?

[ ]  Yes [ ]  No

#### Service Area Coverage

The State’s HOME-ARP service area map is available on [DEHCR's website](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx). Some counties are partially within the State’s service area and partially within another Participating Jurisdiction’s (PJ’s) service area (example a city is not in the State’s service area, but the surrounding county is within the State’s service area).

4. If awarded, which counties will the organization provide services in? Please list the county, and what Local Homeless Coalition they are part of. If the county also has another PJ’s service area within it (a non-State area), please mark yes in the last column.

|  |  |  |
| --- | --- | --- |
| Counties to be Served | Local Homeless Coalition | Includes non-State service area? (yes/no) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Add rows as needed.*

1. Provide a **letter of support** from a HUD recognized Continuum of Care or Local Homeless Coalition. Is the letter of support attached? If the organization applying is the head of the Local Homeless Coalition, please request a letter of support from the Continuum of Care.

[ ]  Yes [ ]  No

#### Good Standing

5. An organization must be in good standing with DEHCR to be eligible. Is the organization in good standing with DEHCR, including no outstanding monitoring concerns or findings?

[ ]  Yes [ ]  No

* 1. If no, please explain.

#### Former HOME-ARP Grantee

6. Was the organization a HOME-ARP grantee during grant year 2024?

[ ]  Yes [ ]  No

#### Organization’s Similar Grant Experience

7. Briefly describe the organization’s experience providing rental assistance and supportive services through state or federal government grants to households experiencing or at-risk of homelessness and housing instability.

## Proposed Programming

The next set of questions focus on identifying the current strengths of the programming in the Local Homeless Coalition/service area, the current unmet needs, and how HOME-ARP funding would be used to meet unmet needs and increase positive long-term outcomes for clients if awarded.

The HOME-ARP program can assist clients meeting one of the four defined Qualifying Populations (QPs):

QP 1: Homeless

QP 2: At-Risk of Homelessness

QP 3: Fleeing Or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking.

QP4: Other Populations – Where supportive services or assistance would prevent a household’s homelessness or serve those with the greatest risk of housing instability.

See the HOME-ARP Supportive Services Program Manual on [DEHCR’s website](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx) for a full description of client eligibility requirements. Organizations can prioritize serving either QP1, QP2 or QP3, but are not required to do so. All QPs must be served by all organizations if there is program availability after priority QPs are served.

#### Analysis of Current Programming

8. Describe the organization’s current programming for households with similar characteristics to QP households. Please describe both programming that is intended to address immediate needs (example: stopping eviction), and intermediate/longer-term needs (example: job training for a family sustaining wage).

9. Please list what other organizations the organization works with to assist households with similar characteristics to QP households.

|  |  |
| --- | --- |
| Organization Name | Service Provided |
|  |  |
|  |  |

Add rows as needed.

*Proposed HOME-ARP Programming*

10. What are the unmet needs the organization would like to address with HOME-ARP funding? Please include a description of the needs and associated QP household types.

11. Given the analysis, will the organization prioritize a QP? [ ]  Yes [ ]  No

a. If yes, what QP will be prioritized (QP1, QP2, or QP3 can be prioritized) and why?

12. What supportive services would the organization like to provide with HOME-ARP funding? Please select all that apply.

|  |  |  |
| --- | --- | --- |
| Case Management, Training & Various Services: [ ]  Case Management[ ]  Credit Counseling/Financial Training[ ]  Education Services [ ]  Employment Assistance/Job Training[ ]  Childcare[ ]  Legal Services[ ]  Transportation[ ]  Outreach | Health Services [ ]  Mental Health Services [ ]  Outpatient Health Services[ ]  Substance Abuse Treatment ServicesHousing Services [ ]  Housing Search/ Counseling Services (specify): [ ]  Part of Holistic Services [ ]  Stand-Alone Service[ ]  Landlord/Tenant Liaison Services[ ]  Mediation | Financial Assistance [ ]  Rental Application Fees[ ]  Security Deposits[ ]  Monthly Rental Assistance[ ]  Rental Arrears[ ]  Utility Deposits[ ]  Monthly Utility Payments[ ]  Utility Arrears[ ]  Moving Costs[ ]  Storage Costs |

*Demand*

13. How will the organization publicize the HOME-ARP program and generate client referrals?

14. Explain how the organization will assess the household’s needs and determine what type of programming to offer.

15. How many clients and households (HH) does the organization anticipate serving?[[3]](#footnote-3)

|  |  |  |  |
| --- | --- | --- | --- |
| **QP1** |  | **QP2:** |  |
| Clients: | HH: | Clients: | HH: |
| **QP3:** |  | **QP4:** |  |
| Clients: | HH: | Clients: | HH: |
| **Total** |  |  |  |
| Clients: | HH: |  |  |

*Measurement*

16. How will the organization measure program success? Please detail what sources of data will be used and how it will be analyzed. Please provide at least two SMART goals.[[4]](#footnote-4)

## Funding Request

17. Please fill out the chart below with the organization’s HOME-ARP funding request. The minimum request is $50,000, and the maximum is $250,000. Up to 15% of the total award can be requested in administrative funds.

|  |  |  |
| --- | --- | --- |
| **Program Activities** | **HOME-ARP Funds Requested** | **# of HH\* to be Served** (Use #s provided in Question X) |
| **Supportive Services** |  |  |
| McKinney-Vento (Homeless) * Serving QP1 Households
 |  |  |
| Homelessness Prevention * Serving QP2, QP3, and QP4 Households
 |  |  |
| Housing Counseling Services* Serving Any QP
 |  |  |
| **Total Services** |  |  |
| *Financial Assistance\*\** |  |  |
| **Administrative** |  |  |
| Administrative Request |  |  |
| **Total Request** |  |  |

\*HH = Households \*\*Specific funds earmarked for Financial Assistance, defined in question X.

#### Administrative Funds

18. Describe what expenses will be charged to administrative funds, and how those expenses will be allocated.

## Organizational Capacity

19. Describe the organization’s capacity to administer the HOME-ARP program currently and whether additional staff will be needed. If additional staff will be needed, please describe a plan for filling the role/s and the timeline.

20. Will the organization provide all services directly? [ ]  Yes [ ]  No

 *\*\*HOME-ARP Supportive Services does not allow subrecipients.*

## Fiscal Controls & Financial Management

Please answer the following questions.

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 21. Does the organization have a method of tracking each funding source from DEHCR separately?  | [ ]  Yes [ ]  No |
| 22. Does the organization have policies and procedures for keeping backup documentation on expenditures so it can be produced upon request? | [ ]  Yes [ ]  No |
| 23. Do the organization’s employees’ timesheets track actual hours worked per funding source or program? | [ ]  Yes [ ]  No |
| 24. Do the organization’s payroll records clearly define payments among funding sources? | [ ]  Yes [ ]  No |

## 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 the organization has the following.

|  |  |
| --- | --- |
| **Practices, Policies, Procedures & Documentation** | **Answers** |
| 25. **Accessibility Practices/Resources**The organization has resources and practices in place to communicate with all potential clients including those with limited or no English proficiency. Further, facilities and programming are accessible to people with disabilities including, but not limited to, people with vision loss, hearing loss, physical/mobility concerns, and learning disabilities. | [ ]  Yes [ ]  No |
| 26. **HOME-ARP Participant Prioritization** The organization has written documentation outlining how eligible households will be prioritized within the Expanded Coordinated Entry process, and how it will be decided which of those families ultimately will enter the HOME-ARP program. Households that meet the organization’s Qualifying Population (QP) preference, if a preference has been taken, must be prioritized, however all QP households must be served in chronological order of the date the household filed an application for assistance as program capacity allows. | [ ]  Yes [ ]  No |
| 27. **HOME-ARP Termination Policy** The organization must establish a policy for termination of assistance for the HOME-ARP program which provides a formal process that recognizes the rights of individuals receiving assistance under due process of law. This process, at a minimum, must consist of:1. Providing the program participant a written copy of the program rules and the termination process before the participant begins to receive assistance;
2. Written notice to the program participant containing a clear statement of the reasons for termination;
3. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
4. Prompt written notice of the final decision to the program participant.

The organization must provide effective communication and accessibility for individuals with disabilities, including the provision of reasonable accommodations. Similarly, the organization must provide meaningful access to persons with Limited English Proficiency. | [ ]  Yes [ ]  No |
| 28. **Trauma-Informed Care Practices**The organization 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. The organization shall provide training to its staff on these practices. | [ ]  Yes [ ]  No |
| 29. **Residency Policy**The organization cannot require households to be residents of the State of Wisconsin or locality to receive supportive services, including rental assistance, or provide different lengths of assistance based on residency.  | [ ]  Yes [ ]  No |

##

## Racial Equity

30. Which racial/ethnic groups are most over-represented in the organization’s client population compared to their representation in the general eligible client population?

31. How does the organization intentionally address the principles, values, and skills needed to improve outcomes for the groups identified in the question above?

32. What partnerships does the organization have to help address racial disparities in the homelessness system? Who else could the organization partner with?

33. Describe the diversity amongst the organization’s staff, specifically the leadership.

Please answer the following questions.

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 34. Does the organization have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness and engaging internal and external stakeholders?  | [ ]  Yes [ ]  No |
| 35. Does the organization offer any formal employee training around biases, anti-racism, or general Diversity, Equity & Inclusion?  | [ ]  Yes [ ]  No |
| 36. Is the organization collecting data to better understand the pattern of program use for people of different races and ethnicities?  | [ ]  Yes [ ]  No |
| 37. Is your agency expanding outreach to higher concentrations of underrepresented groups? | [ ]  Yes [ ]  No |
| 38. Does your agency have communication (flyers, websites, other materials) inclusive of underrepresented persons? | [ ]  Yes [ ]  No |

## HOME-American Rescue Plan (HOME-ARP) Supportive Services Program Certifications

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant Organization) certifies compliance with the following the requirements of [HUD Notice CPD-21-10: Requirements for the Use of Funds in the HOME-American Rescue Plan Program](https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf), and as outlined in the [State of Wisconsin HOME-ARP Allocation Plan](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx) and the [HOME-ARP Supportive Services Program Manual](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx).

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.

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

|  |
| --- |
|  |
| Applicant Organization |
|  |  |
| Authorized Official Signature *(Digital Signatures Accepted)* | Title |
|  |  |
| Printed Name | Date |

1. DEHCR stands for Division of Energy, Housing and Community Resources. The division is part of the Department of Administration (DOA). [↑](#footnote-ref-1)
2. See the HOME-ARP Supportive Services Program Manual, available on [DEHCR’s website](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx), for more information. [↑](#footnote-ref-2)
3. Once clients are designated as part of a QP, their designation remains the same for the entire time they are enrolled. [↑](#footnote-ref-3)
4. SMART goals stand for specific, measurable, achievable, relevant, and time bound. Set SMART goals by defining goals (stating what the organization wants to achieve and who will be involved), determining how progress will be measured, confirming the goals are achievable (does the organization have the skills and resources to achieve the goals?), ensuring the goals are relevant (do these goals align with the organization’s overall objectives?), and setting a deadline (ensure the deadline is realistic for completing the goals). [↑](#footnote-ref-4)