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

Last Revised February 2025

State of Wisconsin

Department of Administration

Division of Energy, Housing and Community Resources

**Expanded Coordinated Entry Application**

**January 2025-June 2025**

**Performance Period**

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# January 2025-June 2025 Performance Period HOME-ARP Expanded Coordinated Entry 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](mailto:DOASupportiveHousing@wisconsin.gov). The performance period is January 1, 2025, to June 30, 2025.

## 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

☐ 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

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

1. 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

#### Service Area Coverage

1. The State’s HOME-ARP service area map is available on [DEHCR's website](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx). Can the organization provide services for the entire State’s HOME-ARP service area (Wisconsin Balance of State Continuum of Care and Racine Continuum of Care)?

Yes  No

1. If no, what is the geography were services are not provided?

#### 

#### Good Standing

1. 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

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

Yes  No

## Proposed Programming

The organization awarded will administer the Expanded Coordinated Entry System (ECE) for all HOME-ARP projects including but not limited to the following:

1. Technical assistance to communities utilizing ECE.

2. Community support on project set up within the approved service area, including but not limited to how eligible preferences will affect project prioritization.

3. Conduct training on HOME-ARP ECE processes.

4. Support projects in community via marketing and outreach.

5. Based off project applications, ensuring referrals are entered in the Continuum of Care’s (CoC’s) Coordinated Entry System (CE) either through No Wrong Door Coordinated Entry agencies or Supportive Services Only (SSO) for CE staff.

6. Verify homeless eligibility for potential participants in partnership with the CoC’s SSO sub grantees.

7. Build customized project specific prioritization lists for projects based off the agency’s approved preferences.

8. Troubleshoot Prioritization List errors and problems and ensure accurate prioritization of participants.

9. Ensure applicants that are waiting for HOME-ARP project openings or have been denied HOME-ARP project openings are assisted through the CoC’s CE and evaluated for other housing projects in the community. This shall be done through the CoC’s required CE follow-up process and reflect the potential participant’s choice.

10. Support project monitoring regarding CE to ensure projects are using ECE and are compliant with project requirements.

11. Participate in continued HOME-ARP project evaluation and support. Attend mandatory meetings and provide periodic feedback on how ECE is working for HOME-ARP.

12. Submit annual reporting providing at minimum the number of applications processed for HOME-ARP Supportive Services by project, the number of applications processed for HOME-ARP Rental Housing Development by project, and the number of people and organizations trained in how to utilize HOME-ARP ECE.

1. Are there further activities the organization would like to provide associated with ECE? Please explain.

## Funding Request

1. What is the amount of funds the organization is requesting? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe what the above funding will pay for versus any funding the organization has already received for ECE activities over the same period.

## Organizational Capacity

1. 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.
2. Will the organization provide all services directly?  Yes  No

*\*\*HOME-ARP Administration Only Funding does not allow subrecipients.*

## Fiscal Controls & Financial Management

Please answer the following questions.

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 1. Does the organization have a method of tracking each funding source from DEHCR separately? | Yes  No |
| 1. Does the organization have policies and procedures for keeping backup documentation on expenditures so it can be produced upon request? | Yes  No |
| 1. Do the organization’s employees’ timesheets track actual hours worked per funding source or program? | Yes  No |
| 1. 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** |
| 1. **Confidential, Proprietary and Personally Identifiable Information Policy**   The organization must develop and implement written procedures to ensure:  1. All records containing “personally identifying information,” as defined under Wis. Stats. § 19.62(5), of any person or family who applies for and/or receives assistance under this Agreement will be kept secure and confidential.  2. The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter assisted under this Agreement will not be made public except with written authorization of the person responsible for the operation of the shelter.  3. The confidentiality of records pertaining to any person provided family violence prevention or treatment services assisted under this Agreement, including protection against the release of the address or location of any family violence shelter, except with the written authorization of the person responsible for the operation of that shelter.  4. The use or disclosure by any party of any information concerning eligible individuals who receive services or housing for any purpose not connected with the administration of the HOME-ARP Supportive Services or Rental Development project is prohibited except with the informed, written consent of the eligible individual or the individual’s legal guardian. | Yes  No |
| 1. **Recordkeeping and Retention**   The organization must retain all HOME-ARP Supportive Services program files, financial documents, and records (including participant files) for a minimum of five (5) years after the Performance Period ends or until notified by DEHCR that the records may be disposed of, unless there is litigation, claims, negotiations, or other actions involving the records, which started before such notification had been received from DEHCR. In such cases, the records must be retained until completion of the action and resolution of all issues which arise from it or until receipt of a disposal notification from DEHCR, whichever is longer. | Yes  No |

## 

## HOME-American Rescue Plan (HOME-ARP) Expanded Coordinated Entry 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), [HOME-ARP Supportive Services Program Manual](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx), and [HOME-ARP Rental Housing Development 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)