

**2026 STATE SHELTER SUBSIDY GRANT**

**(SSSG) PROGRAM APPLICATION**

**STATE OF WISCONSIN**

**DEPARTMENT OF ADMINISTRATION**

**DIVISION OF ENERGY, HOUSING AND COMMUNITY RESOURCES**

**SEPTEMBER 2025**

***APPLICATION DUE BY OCTOBER 10, 2025***

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**Table of Contents**

[2026 State Shelter Subsidy Grant (SSSG) Program Application 3](#_Toc201937516)

[Applicant Information 3](#_Toc201937517)

[Funding Request 4](#_Toc201937518)

[Shelter Contact Information 4](#_Toc201937519)

[Submittal Authorization 4](#_Toc201937520)

[Application Questions 5](#_Toc201937521)

[General Questions 5](#_Toc201937522)

[Eligibility Criteria Questions 10](#_Toc201937523)

[Wisconsin State Statute and Administrative Code Questions 13](#_Toc201937524)

[Racial Equity Questions 14](#_Toc201937525)

[Contractual Responsibility and Subcontracting 16](#_Toc201937526)

[Practices, Policies, Procedures, and Documentation 16](#_Toc201937527)

[Financial Management Questions 19](#_Toc201937528)

[Budget Information 21](#_Toc201937529)

[Proposed Emergency Shelter Program Operating Budget 21](#_Toc201937530)

[Budget Justification 22](#_Toc201937531)

[State Shelter Subsidy Grant (SSSG) Program Assurances 23](#_Toc201937532)

[Appendix 25](#_Toc201937533)

[How to Demonstrate Eligible SAM.gov Status 25](#_Toc201937534)

**2026 State Shelter Subsidy Grant (SSSG) Program Application**

Completed applications must be submitted as a PDF to the [DOA Supportive Housing](mailto:DOASupportiveHousing@wisconsin.gov) inbox with the [SSSG program manager](mailto:dana.wallace1@wisconsin.gov) copied on the email by **Friday,** **October 10, 2025.**

**Applicant Information**

|  |  |
| --- | --- |
| Name of Applicant Agency: |  |
| Physical Address of the Primary Office Location (include 9-digit zip code): |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address; include 9-digit zip code): |  |
| UEI Number: |  |
| HMIS Agency ID: |  |
| HMIS Program ID(s): |  |
| Attach proof from SAM.gov that the applicant is not in a period of debarment, suspension, or in ineligibility status:  \*\*\*See Appendix for instructions | Attached?  Yes  No |
| Proposed Counties Served: |  |
| **Applicant’s Program Manager or Primary Point of Contact for the SSSG Program** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| **Applicant’s Official Authorized to Sign the SSSG Application and Contract** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| **Client Referral Contact Information for the SSSG Program** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| 1. Agency Website Link: |  |

**Funding Request**

|  |  |
| --- | --- |
| **Description** | **Amount** |
| State Shelter Subsidy Grant Program Funds Requested (**Max** – $183,500): | $ |
| Other Funding Sources: | $ |
| **Total Homeless Shelter Operating Budget:** | $ |

**Shelter Contact Information**

|  |  |
| --- | --- |
| Shelter Name: |  |
| Physical Address of the Emergency Shelter (include 9-digit zip code): |  |
| Shelter Telephone Number: |  |
| Shelter Email Address: |  |
| Shelter Website Link: |  |

**Submittal Authorization**

To be signed by the official authorized to commit to this agreement on behalf of (applicant agency), I submit this application for the SSSG program. To the best of my knowledge, all the information contained herein is accurate and complete as stated.

Signature Title

Printed Name Date

**Application Questions**

Applicant agencies are required to answer all the questions within the application.

**General Questions**

Information provided in this section will help DEHCR understand the applicant agency’s emergency shelter program and their need for SSSG funding.

|  |  |  |
| --- | --- | --- |
| 1. Select the type of organization the applicant agency is classified as from the following: | | |
|  | A county or municipal governing body or governmental agency | |
|  | A federally recognized American Indian tribe or band or tribal agency | |
|  | A community action agency, as defined in s. [49.265(2)(a)](https://docs.legis.wisconsin.gov/document/statutes/49.265(2)(a)), Stats. | |
|  | A private non-profit organization, as defined under s. [108.02(19)](https://docs.legis.wisconsin.gov/document/statutes/108.02(19)), Stats. | |
|  | A nonstock corporation that is organized under ch. [181](https://docs.legis.wisconsin.gov/statutes/statutes/181) and that is a nonprofit corporation, as defined in s. [181.0103(17)](https://docs.legis.wisconsin.gov/document/statutes/181.0103(17)), Stats. | |
|  | A housing and community development authority | |
|  | An organization operated for profit | |
|  | | |
| 1. Select the reason(s) for supplementing the applicant agency’s emergency shelter operating budget from the following: | | |
|  | The renovation or expansion of an existing shelter facility, which may include improvements for physical accessibility. | |
|  | The development of an existing building into a shelter facility. | |
|  | The development or expansion of shelter services for individuals who are experiencing homelessness. | |
|  | The inability to obtain adequate funding to continue the existing level of shelter services. | |
|  | | |
| 1. For applicant agencies proposing to develop a new emergency shelter program **only**: 2. Describe the current gaps in shelter availability in the applicant agency’s service area for individuals and/or families who are experiencing homelessness. | | |
|  | | |
|  | | |
| 1. Provide the tentative date when the new emergency shelter program will open. | | |
|  | | |
|  | | |
| 1. Describe the applicant agency’s experience in providing emergency shelter and supportive services to individuals and families experiencing homelessness. | | |
|  | | |
|  | | |
| 1. Describe the applicant agency’s previous experience managing state and/or federal government grants. Include fiscal controls and processes that are in place to properly administer and account for these funds. | | |
|  | | |
|  | | |
| 1. What is the project type of the applicant agency’s emergency shelter program? | | |
|  | Shelter facility | |
|  | Scattered site shelter | |
|  | Motel voucher | |
|  | Other (If selected, provide a description below.) | |
|  | | |
|  | | |
| 1. What is the facility type of the applicant agency’s emergency shelter program? | | |
|  | 24-hour shelter | |
|  | Overnight-only shelter | |
|  | Day-only shelter | |
|  | Motel voucher | |
|  | Other (If selected, provide a description below.) | |
|  | | |
|  | | |
| 1. What is the availability of the applicant agency’s emergency shelter program? | | |
|  | Open year-round | |
|  | Seasonal (If selected, provide a description below.) | |
|  | | |
|  | | |
| 1. Will the applicant agency’s staff always be onsite when persons who are experiencing homelessness are present in their emergency shelter facility? | | |
|  | Yes | |
|  | No, Motel Vouchers, or Scattered-Site Shelters (If selected, provide an explanation below.) | |
|  | | |
|  | | |
| 1. What population group(s) are being served by the applicant agency’s emergency shelter program? | | |
|  | Households with children | |
|  | Households without children | |
|  | Single men | |
|  | Single women | |
|  | Youth | |
|  | Other (If selected, provide a description below.) | |
|  | | |
|  | | |
| 1. Does the applicant agency’s emergency shelter program provide the following services: 2. Temporary lodging without charge to the shelter resident. | | |
|  | Yes | |
|  | No (If selected, provide a description below.) | |
|  | | |
|  | | |
| 1. Intake process to gather basic information and assess service needs. | | |
|  | Yes | |
|  | No (If selected, provide a description below.) | |
|  | | |
|  | | |
| 1. Information and referral services to connect shelter residents to mainstream resources. | | |
|  | Yes | |
|  | No | |
|  | | |
|  | | |
| 1. Describe any intake requirements for the applicant agency’s emergency shelter program. | | |
|  | | |
|  | | |
| 1. For **new applicant agencies** that are not currently utilizing the Homeless Management Information System (HMIS), please answer the following questions regarding the shelter nights provided by their emergency shelter program: 2. **NEW PROGRAMS ONLY**   If the applicant agency is not currently providing emergency shelter or is not currently utilizing HMIS at the time of the application period, provide the number of shelter nights given over the past 12 months and provide the estimated number of shelter nights that may be provided over the next 12 months. | | |
|  | | |
| **Shelter Nights (past 12 months)** | |  |
| **Shelter Nights (next 12 months)** | |  |
|  | | |
| Provide an explanation on how these shelter night numbers were calculated. | | |
|  | | |
|  | | |
| 1. **NEW SHELTER FACILITIES ONLY**   Provide the applicant agency’s current shelter facility capacity for the following items: | | |
|  | | |
| **Persons per Night** | |  |
| **Number of Beds** | |  |
| **Number of Sleeping Rooms** | |  |
|  | | |
| 1. For applicant agencies who are currently utilizing HMIS, briefly describe the applicant agency’s experience with the HMIS system. | | |
|  | | |
|  | | |
| 1. Does the applicant agency have at least one person experiencing homelessness or a formerly homeless individual on their Board of Directors (or equivalent policy-making entity)? | | |
|  | Yes | |
|  | No (If selected, provide an explanation below.) | |
|  | | |

**Eligibility Criteria Questions**

Information provided in this section will help DEHCR determine the amount of funding to be awarded to each eligible applicant agency, as specified in the [2019 Wisconsin Act 76](https://docs.legis.wisconsin.gov/2019/related/acts/76). Please review each question carefully and address each item listed.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Briefly describe the applicant agency’s current participation in Coordinated Entry or how the applicant agency plans to comply with the following Coordinated Entry components: 2. Practicing a no-wrong door approach or other approach to connect persons seeking shelter to Coordinated Entry. | | | |
|  | | | |
|  | | | |
| 1. Obtaining informed consent from shelter residents before assessing their needs. | | | |
|  | | | |
|  | | | |
| 1. Connecting shelter residents to the Coordinated Entry list (HMIS or non-HMIS). | | | |
|  | | | |
|  | | | |
| 1. Coordinating with external agencies to assist shelter residents in accessing applicable services and exiting the emergency shelter program. Include specific agency names and the services that they provide. | | | |
|  | | | |
|  | | | |
| 1. Participating in the local homeless coalition and/or the HUD-recognized Continuum of Care for their service area. | | | |
|  | | | |
|  | | | |
| 1. Provide the **total number** and **percentage** of households that exited shelter into permanent housing from September 1, 2024 through August 31, 2025. | | | |
|  | | | |
| **Housing Destination** | **# of Households** | | **% of Households** |
| Permanent Housing |  | |  |
|  | | | |
| Describe the barriers that negatively impacted the applicant agency from achieving 100 percent of shelter exits into permanent housing. | | | |
|  | | | |
|  | | | |
| 1. Explain how the applicant agency’s level of case management services provided to shelter residents can lead to the following: 2. Self-resolution or resolving their homelessness situation through their own efforts. | | | |
|  | | | |
|  | | | |
| 1. Connection to mainstream resources. | | | |
|  | | | |
|  | | | |
| 1. Securing permanent housing. | | | |
|  | | | |
|  | | | |
| 1. Describe the applicant agency’s ability to incorporate a trauma-informed approach to their service delivery. Mention **specific staff trainings that are required** for **specific staff positions** that work directly with shelter residents. | | | |
|  | | | |
|  | | | |
| 1. Explain the applicant agency’s efforts in providing opportunities for individuals and families experiencing homelessness to **obtain employment**, **increase their hours worked**, and **increase their income**. Describe the applicant agency’s efforts and partnerships with other agencies to meet this objective. | | | |
|  | | | |
|  | | | |
| 1. Provide the **average unit utilization rate** from September 1, 2024 through August 31, 2025. | | | |
|  | | | |
| **Average Unit Utilization Rate** | |  | |
|  | | | |
| If the average unit utilization rate is lower than 80 percent, please explain the factors contributing to the lower unit utilization rate. | | | |
|  | | | |
|  | | | |
| 1. Provide the **average length of stay** for shelter residents from September 1, 2024 through August 31, 2024. | | | |
|  | | | |
| **Average Length of Stay** | |  | |
|  | | | |
| If the average length of stay is longer than 60 days, please explain the factors contributing to the higher length of stay in the emergency shelter program and how it reflects local conditions. | | | |
|  | | | |
|  | | | |
| 1. Provide the **percentage** of shelter residents that have experienced chronic homelessness from September 1, 2024 through August 31, 2025. | | | |
|  | | | |
| **Percentage of Chronic Homelessness** | |  | |
|  | | | |
| Briefly summarize the services that are provided to assist chronically homeless persons in connecting to mainstream resources and securing permanent housing. | | | |
|  | | | |

**Wisconsin State Statute and Administrative Code Questions**

The information provided in this section will help DEHCR determine the applicant agency’s compliance with [Wis. Stats. § 16.308](https://docs.legis.wisconsin.gov/document/statutes/16.308) and [Wis. Adm. Code Ch. Adm 86](https://docs.legis.wisconsin.gov/code/admin_code/adm/86).

|  |
| --- |
| 1. Provide the date of the shelter facility’s building inspection to ensure that the building is compliant with commercial building codes under chs. [SPS 361](https://docs.legis.wisconsin.gov/code/admin_code/sps/safety_and_buildings_and_environment/361_366/361) to [366](https://docs.legis.wisconsin.gov/code/admin_code/sps/safety_and_buildings_and_environment/361_366/366). If the applicant agency’s emergency shelter program is a motel voucher program, respond with ‘Not Applicable.’ |
|  |
|  |
| 1. Provide the dates of the shelter facility’s last two fire inspections to ensure that the building is compliant with all applicable fire safety codes under s. [101.14](https://docs.legis.wisconsin.gov/document/statutes/101.14), Stats. If the applicant agency’s emergency shelter program is a motel voucher program, respond with ‘Not Applicable.’ |
|  |
|  |
| 1. Each applicant agency operating a shelter facility must have a written safety plan in place under ch. [Adm 86](https://docs.legis.wisconsin.gov/code/admin_code/adm/86). Elements of the safety plan must include: 2. Fire safety procedures 3. Building evacuation procedures in the event of an emergency 4. Staff responsibilities regarding medical and mental health emergencies 5. Communication of the safety plan to persons residing in the shelter 6. Training and/or practice of the safety plan by staff and shelter residents |
|  |
| Provide the date of when the safety plan was created. If the applicant agency’s emergency shelter program is a motel voucher program, respond with ‘Not Applicable.’ |
|  |
|  |
| 1. Provide the date of when the applicant agency’s policies and procedures to assist individuals who cannot be served by their emergency shelter program was created. |
|  |
|  |
| 1. Provide the date of when the applicant agency’s policies and procedures to prevent the spread of contagious diseases in their emergency shelter program was created. |
|  |

### Racial Equity Questions

DEHCR is dedicated to increasing racial equity across the state of Wisconsin and particularly doing so in all programs receiving DEHCR administered funds.

|  |
| --- |
| 1. Which racial/ethnic groups are most over-represented in the applicant agency’s emergency shelter program compared to their representation in the general population? |
|  |
|  |
| 1. How does the applicant agency intentionally address the principles, values, and skills needed to improve outcomes for the population groups identified in the question above? |
|  |
|  |
| 1. What partnerships does the applicant agency have to help address racial disparities in the homelessness system? Who else could the applicant agency partner with? |
|  |
|  |
| 1. Describe the diversity amongst the applicant agency’s staff, specifically those in leadership positions. |
|  |

|  |  |
| --- | --- |
| 1. **Does the applicant agency agree with the following statements:** | **Answers** |
| 1. The applicant agency has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness and engaging internal and external stakeholders. | Yes  No |
| 1. The applicant agency offers formal employee training around biases, anti-racism, or general diversity, equity, and inclusion. | Yes  No |
| 1. The applicant agency collects data to better understand the pattern of program usage for persons of different races and ethnicities. | Yes  No |

### Contractual Responsibility and Subcontracting

The information provided in this section will determine whether the applicant agency will provide all SSSG services directly or subcontract with outside entities.

|  |
| --- |
| 1. Will the applicant agency provide ALL services directly?  Yes  No, will subcontract |
| 1. If not, does the applicant agency recognize and will it abide by the requirement to maintain contractual responsibility and monitor subcontractors/subrecipients in the same manner DEHCR monitors grantees?  Yes  No |
| 1. If subcontracting, please describe what services will be contracted out. |
|  |

### Practices, Policies, Procedures, and Documentation

The following practices, policies, procedures, and documentation are required of each grantee and will be reviewed during the monitoring process. Please answer whether the applicant agency has the following items in place:

|  |  |
| --- | --- |
| **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 |
| 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 |
| 1. **Faith-Based Activities**   All SSSG-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 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 the SSSG program.   + If a grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under the SSSG program, and participation must be voluntary for SSSG beneficiaries. | Yes  No, will create if awarded |
| 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 marital 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 the age of 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 |
| 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 may 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 |
| 1. **Confidentiality Policy**   Grantees must develop and implement written confidentiality procedures to ensure all records containing personally identifying information (as defined by HUD) of any person or family who applies for and/or receives shelter through the SSSG program is kept secure and confidential. | Yes  No, will create if awarded |
| 1. **Conflict of Interest Policy**   Grantees must comply with organizational, individual, and procurement conflict of interest provisions:   * *Organizational Conflict of Interest:* Grantees must not condition SSSG assistance on a client’s acceptance of housing owned by the grantee, a part, or subsidiary of the grantee. * *Individual Conflict of Interest:* The individual conflict of interest regulations prohibits financial gain for self, family, or those with business ties. No person who exercises responsibility over the SSSG program or who is in a position to participate in a decision-making process or gain inside information with regard to the SSSG program 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 grantee must maintain written standards governing the performance of its employees engaged in awarding and administering contracts. At a minimum, these standards must:     - Require that no employee, officer, or agent of the grantee shall participate in the selection, award, or administration of a contract supported by SSSG funds if their participation would create a real or apparent conflict of interest.     - Require that grantees’ 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 |
| 1. **Nondiscrimination Policy for Clients & Employees**   Each grantee must have a policy expressing discrimination against clients and employees based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), handicap, 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 |
| 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 SSSG funds) has been convicted of a criminal drug violation in the workplace. | Yes  No, will create if awarded |
| 1. **Anti-Lobbying Requirements**   Each grantee is required to have a policy in place to ensure compliance with anti-lobbying requirements. SSSG funds may not be used to influence contracting or financial transactions. | Yes  No, will create if awarded |
| 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 |

### Financial Management Questions

Maintaining clear records and tracking each funding source separately is required by DEHCR. Please answer whether the applicant agency adheres to the following financial practices:

|  |  |
| --- | --- |
| **Questions** | **Answers** |
| 1. Does the applicant agency have a method of tracking each funding source from DEHCR separately? | Yes  No, will create if awarded |
| 1. Does the applicant agency have policies and procedures for keeping backup documentation on expenditures so that they can be produced upon request? | Yes  No, will create if awarded |
| 1. Do payroll records clearly define payments among funding sources? | Yes  No, will start if awarded |
| 1. Do employees’ timesheets track actual hours worked per funding source or program? | Yes  No, will start if awarded |

**Budget Information**

**Proposed Emergency Shelter Program Operating Budget**

In the budget table below, enter the applicant agency’s estimated total expenses for the operation of their emergency shelter program. The budget table below includes sample budget line items that are eligible expenses for the SSSG program. Modify the budget table, as necessary, to accurately reflect the applicant agency’s emergency shelter program operating budget.

Please note that the SSSG funding requested is limited to no more than 50 percent of the applicant agency’s total emergency shelter program operating budget. All budget line items with allocated SSSG funding and marked with an asterisk (**\***) must be explained in the ‘Budget Justification’ section on the following page.

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **SSSG Funding Request** | **Other Funding Total** | **Total Homeless Shelter Operating Budget** |
| Staff Wages and Benefits |  |  |  |
| Travel |  |  |  |
| Equipment**\*** |  |  |  |
| Bookkeeping/Audit |  |  |  |
| Insurance |  |  |  |
| Contractual |  |  |  |
| Other**\*** |  |  |  |
|  |  |  |  |
| **VOUCHERS ONLY** | | | |
| Vouchers for Lodging  $\_\_\_\_ per night X night/year |  |  |  |
|  |  |  |  |
| **SHELTER FACILITIES ONLY** | | | |
| Rent |  |  |  |
| Utilities |  |  |  |
| Janitorial |  |  |  |
| Meals |  |  |  |
| Equipment**\*** |  |  |  |
| Supplies |  |  |  |
| Other**\*** |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

**Budget Justification**

Justify all anticipated SSSG-funded calendar year expenses noted with an asterisk (**\***) in the ‘Proposed Emergency Shelter Program Operating Budget’ on the previous page.

|  |
| --- |
|  |

**State Shelter Subsidy Grant (SSSG) Program Assurances**

The (applicant agency) hereby agrees that it will comply with the following assurances:

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 agency, 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 agency and to provide such additional information as may be required.

Each applicant agency shall provide emergency shelter intake, including an interview with the homeless individual or family to determine the extent of the individual or family’s needs, and information and referral.

Funds received under this grant program will be used to provide services to make temporary shelter fully accessible to homeless individuals and families. If shelter is provided to only families or only individuals, procedures are in place in helping other homeless persons obtain shelter. Information about shelter beneficiaries and applications will be kept confidential.

Persons receiving shelter will not be required to be a resident of the state or locality, pay for shelter, or participate in religious activities. Individuals or groups of individuals regardless of age, gender identification, sexual orientation, or marital status must be served. Households identifying as a family at a family shelter must be served as a family, without inquiry or documentation requirement related to family status, gender identification, or sexual orientation.

Emergency shelter and other services will be made available to persons with physical disabilities, or procedures are in place to help persons with physical disabilities obtain shelter.

If the applicant agency operates a shelter facility, staff (paid or volunteer) are onsite whenever shelter residents are present (exceptions allowed for scattered site, single-occupancy units).

Shelter facilities have been inspected to ensure compliance with chs. [SPS 361](https://docs.legis.wisconsin.gov/code/admin_code/sps/safety_and_buildings_and_environment/361_366/361) to [366](https://docs.legis.wisconsin.gov/code/admin_code/sps/safety_and_buildings_and_environment/361_366/366), Wisconsin Stats. Shelter facilities have been inspected twice a year under s. [101.14](https://docs.legis.wisconsin.gov/document/statutes/101.14), Stats., to ensure compliance with applicable fire safety codes. Shelter facilities have written safety plans to include fire safety procedures, building evacuation procedures in the event of an emergency, and staff responsibilities regarding medical and mental health emergencies.

The applicant agency agrees to have representation of a person who is experiencing homelessness or was formerly homeless on either their Board of Directors or an equivalent policymaking entity directly responsible for writing and overseeing policy.

The applicant agency will utilize the Homeless Management Information System (HMIS) and adhere to all HMIS compliance standards.

The applicant agency will participate in their HUD-recognized Continuum of Care within the territories being served. This includes representation in the local homeless coalitions and participation in the Point in Time counts, to the maximum extent practicable.

The applicant agency will meet state equal employment opportunity requirements under subch. [II of ch. 111](https://docs.legis.wisconsin.gov/document/statutes/subch.%20II%20of%20ch.%20111), Stats.

Funds received under this grant program will **not** be used to:

* 1. Make security deposits or pay rent for permanent housing.
  2. Provide shelter in a private home.
  3. Construct a new shelter facility.
  4. Operate a shelter care facility licensed under ch. [48](https://docs.legis.wisconsin.gov/statutes/statutes/48), Stats., operate a shelter facility or private home providing shelter primarily for victims of domestic abuse, or operate a community-based residential facility licensed under ch. [DHS 83](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83).
  5. Operate an agency that provides only information and referral or relocation services, not shelter services.

The applicant agency assures that it has sufficient fiscal control and funding accountability to adequately safeguard disbursement and accountability for funds awarded.

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

Signature Title

Printed Name Date

**Appendix**

**How to Demonstrate Eligible SAM.gov Status**

All applicant agencies and subrecipients must provide documentation from SAM.gov that they are not in a period of debarment/suspension or ineligibility status (i.e. have no active exclusion records).

Applicable link: <https://sam.gov/content/home>

Sign in to SAM.gov and view the entity’s registration record.

In the entity record, select “Exclusions” in the left navigation panel. Any active or inactive exclusions will be displayed. If there are no exclusions, a message reading, “There are no active/inactive exclusion records associated to this entity by its Unique Entity ID,” is displayed. Provide a printout or screenshot with the application submission.

Graphical user interface, text, application, email

Description automatically generated