

**2025-2027 HOME TENANT-BASED RENTAL ASSISTANCE (TBRA) PROGRAM APPLICATION**

**STATE OF WISCONSIN**

**DEPARTMENT OF ADMINISTRATION**

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

**APRIL 2025**

***APPLICATION DUE BY MAY 16, 2025***

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**2025-2027 HOME Tenant-Based Rental Assistance (TBRA) Program Application**

Completed applications must be submitted as a PDF to the [DOA Supportive Housing](mailto:DOASupportiveHousing@wisconsin.gov) inbox with the [TBRA program manager](mailto:dana.wallace1@wisconsin.gov) copied on the email by **Friday,** **May 16, 2025.**

**Applicant Information**

|  |  |
| --- | --- |
| Name of Applicant Agency: |  |
| Physical Address of the Primary Office Location (include nine-digit zip code): |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address; include nine-digit zip code): |  |
| UEI Number: |  |
| HMIS Organization ID and 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 TBRA Service Area(s): |  |
| **Applicant’s TBRA Program Manager or Primary Point of Contact for the TBRA Program** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| **Applicant’s Official Authorized to Sign the TBRA Application and Contract** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| **Client Referral Contact Information for the TBRA Program** | |
| 1. Name: |  |
| 1. Title: |  |
| 1. Phone Number: |  |
| 1. Email Address: |  |
| 1. Agency Website Link: |  |

**Funding Request**

|  |  |
| --- | --- |
| **Description** | **Amount Requested** |
| Program Funds: | $ |
| Administrative Funds (up to 10 percent of the program funds requested): | $ |
| **Total Funds Requested:** | $ |

**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 HOME Tenant-Based Rental Assistance (TBRA) 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**

All applicant agencies are required to answer the following questions:

**Multiple Choice Question**

1. **ORGANIZATION TYPE**

Please select the type of organization that the applicant agency is classified as from the following:

|  |  |
| --- | --- |
|  | 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 [ch. 181](https://docs.legis.wisconsin.gov/statutes/statutes/181) and that is a nonprofit corporation, as defined in [Wis. Stat. § 181.0103(17)](https://docs.legis.wisconsin.gov/document/statutes/181.0103(17)) |
|  | Private, not-for-profit organization |
|  | Religious society organized under [ch. 187](https://docs.legis.wisconsin.gov/statutes/statutes/187) |

**Narrative Questions**

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| --- |
| 1. **AGENCY BACKGROUND** 2. Briefly describe the applicant agency’s experience in providing housing assistance and services to persons who are low-income and are experiencing housing insecurity including those persons who are homeless, at risk of homelessness, and/or have special needs. |
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| 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. |
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| 1. **TARGET POPULATION INFORMATION** 2. List the target population(s) that will be served by the applicant agency’s TBRA program. |
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|  |
| 1. Describe any special needs or barriers to housing that exists for the applicant agency’s target population(s). |
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| 1. Do other organizations in the applicant agency’s proposed service area offer the TBRA program (refer to the [TBRA Grantee Map](https://energyandhousing.wi.gov/Documents/Housing/TBRA/TBRA%20Program%20Map.pdf))? If yes, list the names of those organizations.   If it is determined that another applicant agency and/or a current Grantee is already serving the county that the applicant agency is proposing to include in their service area, then a MOU between agencies must be drafted and submitted along with the TBRA application. |
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| 1. Are the proposed target population(s) on waiting lists for federal housing assistance or other applicable rental assistance programs? If not, describe how the applicant agency will ensure that clients are enrolled on those waiting lists, if eligible. |
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| 1. **PROGRAM DESIGN** 2. Describe the applicant agency’s program design and supportive services that will be provided to TBRA clients. |
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| 1. Summarize how the applicant agency will make the best effort to provide 25% match of the TBRA program funds requested and how match will be tracked and documented. |
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| 1. Explain how the applicant agency will work collaboratively with other housing assistance providers, supportive service providers, and other various agencies. List the external agencies that the applicant agency has coordination and referral arrangements with to provide service referrals. |
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| 1. **PROGRAM PROCESS** 2. What affirmative marketing and outreach efforts will the applicant agency conduct to inform potential clients of the assistance offered through the TBRA program, especially to those population groups and households unlikely to know about the program? |
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| 1. Summarize the TBRA application process and describe how potential clients are chosen for the program. |
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| 1. Detail the process that will ensure timely payments are made to the landlord for security deposits and rent and to the utility company for utility payment assistance, if applicable. |
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| 1. **HOME TBRA ADMINISTRATIVE STAFF**   Does the applicant agency have the staff capacity to administer the TBRA program? Provide information on each staff position and what their responsibility will be in the TBRA program. |
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| 1. **COORDINATION WITH LOCAL CONTINUUM OF CARE OR HOMELESS COALITION**   How does the applicant agency coordinate with the local Continuum of Care or Homeless Coalition? |
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| 1. **HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**   Briefly describe the applicant agency’s experience utilizing HMIS. |
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| 1. **LONG-TERM IMPACT** 2. Describe how the applicant agency will determine the success rate of the TBRA program in achieving long-term housing stability. |
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| 1. What additional services can be provided to clients after they have received financial assistance through the TBRA program? |
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### Racial Equity

DEHCR is dedicated to ensuring racial equity across the state of Wisconsin for all programs receiving DEHCR administrated funds.

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| --- |
| 1. Which racial/ethnic groups are most over-represented in the applicant agency’s programs compared to their representation in the general population? |
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|  |
| 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? |
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|  |
| 1. What partnerships does the applicant agency have to help address racial disparities in housing assistance? Who else could the applicant agency partner with? |
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| 1. Describe the diversity amongst the applicant agency’s staff, specifically those in leadership positions. |
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| --- | --- |
| 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 housing assistance 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

1. Will the applicant agency provide ALL services directly?  Yes  No, will subcontract
2. 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
3. If subcontracting, please describe what services will be contracted out.

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### Practices, Policies, Procedures and Documentation

The following practices, policies, procedures, and documentation are required and may be reviewed during the monitoring process. Please answer whether the applicant 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 |
| 1. **Accessibility Practices/Resources**   Each Grantee should have resources and practices in place to communicate with all potential clients 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 TBRA-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 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 TBRA.   + If a Grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under TBRA, and participation must be voluntary for TBRA program clients. | 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 client 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 client 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 TBRA funding 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 TBRA funding 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 TBRA program or who is in a position to participate in a decision-making process or gain inside information with regard to the TBRA 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 conflict-of-interest provisions of 42 CFR §84.42 and §85.36 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, or agent of the Grantee shall participate in the selection, award, or administration of a contract supported by TBRA funds if their participation would create a real or apparent conflict of interest.     - Require that the 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 |
| 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), familial status, 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 TBRA 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. TBRA funds may not be used to influence federal 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

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

|  |  |
| --- | --- |
| **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 the applicant agency’s 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 TBRA Program Operating Budget**

In the budget table below, enter the applicant agency’s estimated total expenses for the operation of the TBRA program activities. No more than 10 percent of the total TBRA program funds requested may be allocated towards administrative costs.

Estimate the number of households that will be served by the TBRA program based on household median income.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Budget Categories** | **TBRA**  **Funds Request** | **Other Funding** | **Total**  **Operating**  **Budget** | **Estimated Number of Households to be Served** | | |
| **<30%** | **30+ to 50%** | **50+ to 60%** |
| ***Program Costs*** | | | | | | |
| Rent Payments |  |  |  |  |  |  |
| Security Deposits |  |  |  |
| Utility Payments |  |  |  |
| HQS Inspections |  |  |  |
| Income Determinations |  |  |  |
|  | | | | | | |
| ***Administrative Costs*** | | | | | | |
| Including, but not limited to: staff salaries & benefits, HMIS fees, etc. |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

TBRA funds allocated to each program activity are considered estimated totals. Budget amendments are not required for funding changes between program activities.

**HOME Tenant-Based Rental Assistance (TBRA) Program Assurances**

The (name of applicant agency) hereby agrees to comply with the following certifications and 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.

The applicant agency will utilize HOME TBRA funds pursuant to [Wisconsin’s consolidated plan](https://energyandhousing.wi.gov/Pages/Consolidated-Plan.aspx) and will adhere to all requirements under [24 CFR Part 92](https://www.ecfr.gov/current/title-24/subtitle-A/part-92), as amended.

Funds received under this grant program will be used to provide security deposit and/or rent assistance to eligible recipients who are experiencing homelessness or at risk of homelessness.

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

Information about TBRA recipients and applications will be kept secure and confidential.

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

The undersigned certifies, to the best of their knowledge, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of any agency of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the Standard Form LLL, “Disclosure Form to Report Lobbying” in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontract, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. The applicant agency certifies that it will comply with all other applicable federal and state regulations.

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 must provide documentation from SAM.gov that they are not in a period of debarment/suspension or in 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