

**Employment**

**Grants Program**

*Connecting people experiencing homelessness with permanent employment and training opportunities.*

**Application**

**Grant Year 2024**

**State of Wisconsin**

**Department of Administration**

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

Last Revised August 2023

Contents

[EMPLOYMENT GRANTS (EG) PROGRAM APPLICATION 2](#_Toc143613268)

[APPLICATION DEADLINE 2](#_Toc143613269)

[Applicant Information 2](#_Toc143613270)

[Applicant Eligibility 4](#_Toc143613271)

[Project Needs Statement 5](#_Toc143613272)

[Client Eligibility & Estimated Number Served 7](#_Toc143613273)

[Budget 7](#_Toc143613274)

[Financial Management & Accountability 8](#_Toc143613275)

[Practices, Policies, Procedures & Documentation 9](#_Toc143613276)

[Racial Equity 10](#_Toc143613277)

[ASSURANCES FOR EMPLOYMENT GRANTS PROGRAM 13](#_Toc143613278)

# EMPLOYMENT GRANTS (EG) PROGRAM APPLICATION

Grant Year: 2024

# APPLICATION DEADLINE

Applications are due by email no later than **11:59 pm on October 20, 2023**, to the following email address [DOASupportiveHousing@wisconsin.gov](mailto:DOASupportiveHousing@wisconsin.gov).

## Applicant Information

Please fill out the following information:

|  |  |
| --- | --- |
| Name of the Applicant  Please specify whether the applicant is a (check one):  City  Town  County  Village  Federally Recognized Tribal Governing Body |  |
| Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address) | Payable To: |
| Physical Address of Primary Office |  |
| UEI Number |  |
| Type of Organization (501c3, Government Entity, etc.) |  |
| Attach proof of 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  Proof documentation must be current (pulled within ***2-months*** of the date the application is submitted). |
| Applicant’s HUD-recognized Continuum of Care (CoC) and Local Coalition (if applicable) | CoC:  Local Coalition (if applicable): |
| Applicant’s EG Program Manager or Primary Point of Contact for the EG Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
| Applicant’s Official Authorized to Sign Application and Contract | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
| 1. Signature & Date   (Digital Signatures Accepted) |  |
| Applicant’s Client Referral Contact Information for the EG Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
| 1. Website |  |
| Applicant’s Primary Fiscal Contact for the EG Program | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
| Name, title, email, and phone number of any other staff the applicant would like copied on **general information** updates. | |
| 1. Name 2. Title 3. Email 4. Phone Number |  |
| 1. Name 2. Title 3. Email 4. Phone Number |  |

## Applicant Eligibility

Please answer the following questions:

|  |  |
| --- | --- |
| Questions | Answers |
| 1. Is the applicant a county, city, federally recognized tribal governing body, village, or town? | Yes No |
| 1. Has the applicant attached proof of having an active Sam.gov registration and no active exclusions (being in a period of non-debarment)? See [Applicant Information](#_Applicant_Information:) for instructions and additional details. | Yes No |
| 1. Does the applicant have (check one below):     An active HMIS subscription; OR  An MOU/contract (or will have an MOU/contract) with an agency, with an active HMIS subscription, that will perform the necessary HMIS data entry.  Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Check yes if either of the above boxes is checked.* | Yes No |
| 1. Will the applicant provide the minimum required $10,000 cash match? | Yes No |

**If the answer was “no” to any of the above questions, the applicant is not eligible for the EG program.**

## Project Needs Statement

Please describe the nature, scope, and structure of the EG program proposed by answering the following questions. Please use data, and examples to support each statement when possible.

1. What specific activities will the applicant (or the subrecipient, if applicable) perform to connect people experiencing homelessness with permanent employment and training opportunities? If the program will target a subgroup of EG eligible clients, please provide the rationale for the targeting.

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1. Will the applicant partner with an agency\* to provide supplemental employment and supportive services to clients? Applicants who partner with an agency will be given preference.

Yes No (please skip to question 7)

\*Please note the agency referenced is not the subrecipient (if applicable) performing administrative duties and/or program delivery, unless the subrecipient is also providing supplemental employment and supportive services *in addition* to performing administrative duties and/or program delivery.

1. If yes, what is the name of the agency? Answer:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If yes, what supplemental employment and supportive services will be provided to clients?

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1. If yes, will all clients receive supplemental employment and supportive services?

Yes No

* If no, please estimate what percentage will receive supplemental employment and supportive services and describe how it will be determined which clients will receive them.

|  |
| --- |
| Estimated percentage that will receive services: % |
| Description of determining factors: |

Contractual Responsibility & Subcontracting

Please answer the following questions:

1. Will the applicant perform ALL administrative duties and provide ALL program delivery directly?

☐Yes ☐No, will subcontract

***If subcontracting, please answer the following questions a-d. If not subcontracting, please skip to question 8****.*

1. Does the applicant recognize, and will it abide by the requirement to maintain contractual responsibility, encumber subrecipients with the program delivery requirements that will be outlined in the contract, and monitor subrecipients in the same manner DEHCR monitors grantees (at least once during the performance period)?

☐Yes ☐No

1. Which agency\* will the applicant subcontract with? If multiple agencies will be subrecipients, please denote in the following questions which agencies will be responsible for what activities.

|  |
| --- |
|  |

\*Please note the agency referenced is not the agency providing supplemental employment and supportive services (if applicable), unless the agency providing those services is also the subrecipient.

1. Will HMIS data entry be subcontracted? ☐Yes ☐No
   * If yes, what is the name of the agency that will perform HMIS data entry?

Answer:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe what administrative tasks or program delivery tasks will be subcontracted.

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## Client Eligibility & Estimated Number Served

1. Please describe how the applicant or subrecipient will assess, verify, and document a potential client’s eligibility including what forms will be used. In order to be eligible, individuals must be 18 and over, and qualify for HUD Category 1, 2, 3, or 4 homelessness.

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1. Will the applicant or subrecipient screen for any other characteristics beyond age (18 and over) and homelessness (HUD Category 1, 2, 3, or 4) when determining which clients to admit into the EG program?

☐Yes ☐No

1. If yes, please describe the other characteristics, and the rationale for using them.

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1. What is the number of unduplicated individuals the applicant estimates will be served with these funds?

Answer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget

Applicants are encouraged to submit a budget at the maximum award amount ($75,000). As a reminder the EG program has three types of funds:

1. **Program Funds:** Wages can be paid to clients for time spent participating in job/work experience, skills training, company tours, budgeting classes, time spent doing educational assessments, goal setting, job searches/applications, resume building, cover letter writing, mock interviews, going on college/technical school tours, and registering for classes.
2. **Operational Funds:** Can cover the cost to provide the above programming, including but not limited to, skills training, educational assessments, and case management focused on connecting clients to permanent employment and training opportunities (examples may include liaising with employers and clients to help smooth clients’ onboarding processes, working with clients on setting goals/ resume building etc.).
3. **Administrative Funds:** Can pay for shared administrative costs such as, but not limited to, the cost of office space, computers, office supplies, and salaries for shared functions such as accounting.

Applicants who use a greater portion of the award and their cash match ($10,000 is required) as program funds to pay for clients’ wages will be given preference.

1. Budget Request

Please fill out all boxes, even if planning to spend $0 dollars in a category. Applicants are encouraged to ask for the maximum award amount ($75,000).

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **EG Funds Request**  **(Max. $75,000)** | **Municipal Match ($10K required)** | **Total** |
| Program Funds | $ | $ | $ |
| Operational Funds | $ | $ | $ |
| Administrative Funds | $ | $ | $ |
| Total | $ | $ | $ |

1. Please explain the rationale for requesting the above amount across the three funding categories.

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## Financial Management & Accountability

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

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| --- | --- |
| Questions | Answers |
| 1. Does the applicant have a method of tracking each funding source from DEHCR separately? | Yes  No, will create if awarded  No, will NOT create |
| 1. Does the applicant 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 the applicant’s payroll records clearly define hours worked against a funding source vs. other sources, and are payments similarly tracked? | Yes  No, will start if awarded  No, will NOT start |

## Practices, Policies, Procedures & Documentation

The following practices, policies, procedures, and documentation of such are required of each applicant and may be reviewed during yearly monitoring. **Please answer whether the applicant has the following**.

|  |  |
| --- | --- |
| Practices, Policies, Procedures & Documentation | Answers |
| 1. Client Data Entry   All clients must be entered into an EG program in HMIS, and their data must be kept up to date. | Yes  No, will create if awarded  No, will NOT create |
| 1. Process to Ensure Client Eligibility   All applicants must have a process in place to screen clients to ensure eligibility. Eligibility must be checked immediately prior to entry into the EG program, and clients must be eligible for the EG program at entry. | Yes  No, will create if awarded  No, will NOT create |
| 1. Client Termination Policy (Specific to the EG Program):   To terminate assistance to a client, the applicant must establish and follow a formal termination process specific to the EG program with the following requirements:   * Applicants must document the provision of the EG program termination policy to the client (the client must sign a document stating the policy was provided). * Applicants may terminate assistance if a client violates the rules of the EG program. * Applicants must establish and follow a formal process that recognizes individual rights. * Applicants must allow termination in only the most severe cases. * Applicants must establish a formal process that includes a written notice to the client containing a clear statement of the reasons for termination, opportunity to have the decision reviewed, in which the client is given the opportunity to present objections before a person other than the person who made or approved the termination decision and a prompt written notice of the final decision to the client. * Applicants may provide assistance to a client who has been terminated from the EG program at a later date. | Yes  No, will create if awarded  No, will NOT create |
| 1. Client Waiting List Policy (for the EG Program)   If a waiting list is used for the EG program, the applicant must establish a written Waiting List Policy which defines how the waiting list is managed. | Yes  No, will create if awarded  No, will NOT create |
| 1. Equal Access   Applicants must have policies and practices to ensure clients have equal access to services regardless of sexual orientation, gender identity, family composition or marital status. | Yes  No, will create if awarded  No, will NOT create |
| 1. Non-Discrimination Policy for Clients & Employees:   Each applicant must have a policy expressing discrimination against clients/potential clients and employees/potential employees 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 for those who engaged in discrimination. | Yes  No, will create if awarded  No, will NOT create |
| 1. Residency:   The applicant shall not require homeless individuals or families to be residents of the state or locality to receive shelter and support services, nor shall the applicant set differing allowed lengths of stay or levels of service based on whether a homeless individual or family are residents of the state or locality. | 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 administered funds. Please answer the following questions:

|  |  |
| --- | --- |
| Questions | Answers |
| 1. What percentage of the applicant’s or subrecipient’s (if applicable) service territory population is BIPOC (Black, Indigenous, People of Color)? | % |
| 1. What percentage of the applicant’s or subrecipient’s (if applicable) clients are BIPOC? | % |

1. What strategies does the applicant employ to ensure services are racially equitable for the region?

Please complete the chart below.

|  |  |
| --- | --- |
| Question: Does the applicant agree with the following statements? | Answers |
| 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?

# ASSURANCES FOR EMPLOYMENT GRANTS PROGRAM

(Name of Applicant) **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 program will be used to provide services to eligible recipients who are homeless.
3. Persons receiving services as part of the Employment Grants program will not be required to be a resident of the state or locality and will not be required to participate in religious activities.
4. Information about recipients and applications will be kept confidential.
5. The applicant assures that it has sufficient fiscal control and funding accountability to adequately safeguard disbursement.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

(Digital Signatures Accepted)