

**2024-2026 HOME TENANT-BASED RENTAL ASSISTANCE (TBRA) PROGRAM APPLICATION**

**STATE OF WISCONSIN**

**DEPARTMENT OF ADMINISTRATION**

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

**APRIL 2024**

***APPLICATION DUE BY MAY 20, 2024***

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**2024-2026 HOME Tenant-Based Rental Assistance (TBRA) Program Application**

Completed applications must be submitted as a PDF to the DOA Supportive Housing inbox with the TBRA program manager copied on the email by **Monday,** **May 20th.**

**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 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% of 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**

**Renewing Grantees**

Current TBRA grantees who are in good standing (no unresolved monitoring findings, no outstanding required reports, no major audit finding, etc.) are eligible to apply for renewal funding under this application. Renewing TBRA grantees will need to identify any proposed changes to their existing program, address homeless participation involvement, provide their program budget information, and sign the assurances. If program changes are not applicable, respond to each question with N/A.

**New Applicant Agencies**

Please answer all the questions within the application.

**Narrative Questions**

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%2817%29) |
| [ ]  | Private, not-for-profit organization  |
| [ ]  | Religious society organized under [ch. 187](https://docs.legis.wisconsin.gov/statutes/statutes/187)   |

1. **AGENCY BACKGROUND**
2. Briefly describe the applicant agency’s experience in providing housing 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.
3. Describe the applicant agency’s previous experiences managing state and/or federal government grants. Describe the fiscal controls and processes in place to properly administer and account for these funds.
4. **TARGET POPULATION INFORMATION**
	1. Describe the target population that will be served by the TBRA application.
	2. Describe any special needs or barriers to housing that may exist for the applicant agency’s target population.
	3. Are there other agencies in the applicant agency’s proposed TBRA service area providing rental assistance?
	4. Are the target population(s) the applicant agency is proposing to serve on waiting lists for federal housing assistance or other rental assistance programs?
5. **PROGRAM DESIGN**
	1. Describe the applicant agency’s program design and supportive services that will be provided to TBRA clients.
	2. Briefly describe how the applicant agency will make the best effort to provide 25% match of the TBRA funds requested and how match will be documented.
	3. Explain how the applicant agency will work collaboratively with other homelessness prevention assistance service providers. List the external agencies that the applicant agency has memorandums of understanding or agreements in place with to provide service referrals.

1. **PROGRAM PROCESS**
	1. Describe the applicant agency’s outreach efforts to inform potential clients of the TBRA program, especially to those households not likely to know about the program.
	2. Describe how potential clients are chosen for the TBRA program.
	3. Describe the process for ensuring payments are made to the landlord for rent and security deposits and to the client for utility payment assistance, if applicable.
2. **HOME TBRA ADMINISTRATIVE STAFF**

Describe the applicant agency’s staff capacity to administer the TBRA program (i.e., HQS inspections, lead-based paint inspections, income qualifications).

1. **HOMELESS PARTICIPATION INVOLVEMENT**

Explain how the applicant agency involves persons who are experiencing homelessness or were formerly homeless in the development of program policies, improving services, and as representation on their Board of Directors or an equivalent policymaking entity directly responsible for writing and overseeing policy.

1. **COORDINATION WITH LOCAL CONTINUUM OF CARE OR HOMELESS COALITION**

How has the applicant agency been involved in the local Continuum of Care or Homeless Coalition?

1. **HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

Briefly describe the applicant agency’s experience utilizing HMIS.

1. **LONG-TERM IMPACT**
2. Describe how the applicant agency will evaluate whether the populations in greatest need have been served by the TBRA program.
3. Describe how the applicant agency will determine the success rate of the populations served in achieving long-term housing stability.
4. What follow-up measures are available to assist clients after they have received financial assistance?

### Racial Equity

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

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

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

|  |  |
| --- | --- |
| 1. **Does the applicant agency agree with the following statements:**
 | **Answers** |
| 1. The applicant agency is expanding outreach to higher concentrations of underrepresented groups.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency has communication materials (flyers, websites) inclusive of underrepresented persons.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency is educating stakeholders, board of directors, and funders on the topic of creating greater racial and ethnic diversity.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency is collecting data to better understand the pattern of program use for people of different races and ethnicities.
 | [ ]  Yes [ ]  No |
| 1. The applicant agency is conducting additional research to understand the scope and needs of different races and ethnicities experiencing homelessness.
 | [ ]  Yes [ ]  No |

1. How will the applicant agency’s TBRA program and its practices be culturally responsive to the population(s) who participate?

### 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.

### Practices, Policies, Procedures and Documentation

The following practices, policies, procedures, and documentation are required of each grantee and may be reviewed during the yearly 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 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, 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[ ]  No, will NOT create |
| 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) 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |

### 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[ ]  No, will NOT create |
| 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[ ]  No, will NOT create |
| 1. Does the applicant agency’s payroll records clearly define payments among funding sources?
 | [ ]  Yes [ ]  No, will start if awarded[ ]  No, will NOT start |
| 1. Do employees’ timesheets track actual hours worked per funding source or program?
 | [ ]  Yes [ ]  No, will start if awarded[ ]  No, will NOT start |

**Budget Information**

**Proposed TBRA Program Operating Budget**

In the budget table below, enter the applicant agency’s estimated total expenses for operating the TBRA program. Estimate the amount of funding the applicant agency will need amongst the various bedroom sizes. No more than 10 percent of the TBRA program funds requested may be allocated towards administrative costs.

If the applicant agency’s TBRA program covers more than one county, please provide the various Fair Market Rate (FMR) standards as a price range (e.g., $800 - $1,100).

|  |  |  |  |
| --- | --- | --- | --- |
| **Bedroom Size** | **FMR or Rent Reasonableness\*** | **Total Amount Requested** | **Estimated Number of Households** |
| 0-bedroom |  |  |  |
| 1-bedroom |  |  |  |
| 2-bedroom |  |  |  |
| 3-bedroom |  |  |  |
| 4-bedroom |  |  |  |
|  |
| TOTAL  |  |  |
| Estimate the amount of funding required for HQS inspections and income determinations.  |  |  |
| TOTAL Administrative Costs (up to 10% of program funds requested) |  |  |
| **TOTAL AMOUNT REQUESTED** |  |  |
| *\*Rent reasonableness is the preferred method of setting rent limits. However, these rents must also be at or below Fair Market Rent for your area.* |

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 approved consolidated plan and will adhere to all requirements under 24 CFR Part 92, as amended.

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

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 participates in the 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 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 sub-recipients 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.

