HOUSING PROGRAM (HP)

**The Housing Program (HP)** is funding and programming for housing and supportive services for homeless individuals and families. The lead agency must completely respond to all parts of the Application to describe how your agency would use HP funds. Each sub-recipient must complete a HP Sub-Recipient Application.

HP Lead Agency  
  
The HUD Continuum of Care (COC) must be the lead agency for each HP application. The lead agency will distribute funds to sub-recipients within their system. The State will coordinate contracts, payments, and compliance with the lead agency.  
  
Funding

$300,000 is available for HP in 2018-2019, allocated as follows:

|  |  |
| --- | --- |
| **HUD COC** | **ALLOCATION** |
| BOS COC -- Balance of State | $167,500 |
| Milwaukee COC (Milwaukee Metro) | $100,000 |
| Madison COC (Other Metro amount) | $32,500 |

**Eligible Sub-Recipients**

Any eligible housing program may be a sub-recipient of this grant regardless of whether they are COC-funded. Eligible sub-recipients must also:

* Be a city, county, tribal agency, private non-profit agency, or for-profit corporation that is both organized under Chapter 180 in Wisconsin and in good standing;
  + Private non-profit agencies must also:
    - Be exempted from taxation under Subtitle A of Section 501(c) of the Internal Revenue Code;
    - Be governed by a voluntary board of directors;
    - Use approved accounting systems;
    - Practice nondiscrimination in the provision of assistance;
* Commit to using HMIS (or an HMIS-equivalent database for victim services agencies) to record client data;
* Use grant funds to support a housing program that does all of the following:
  + Subsidizes only existing buildings;
  + Subsidizes only units which meet Housing Quality Standards (HQS) and are lead-safe;
  + Facilitates appropriate case management and supportive services;
  + Helps clients access mainstream resources;
  + Requires that at least 30% of participants’ income be spent on rent;

**Eligible Activities**

## Services

* **Services** may include any of the following: Case Management, Child Care, Education Services, Employment Assistance, Outpatient Health Services, Life Skills Training, Mental Health Services, Substance Abuse Treatment, and Transportation.

**Operations**

* **Operations** may include any of the following: Maintenance, Rent, Security & Insurance, Utilities, Food, Furnishings & Supplies.

**Administration**

* Up to 10% of each total grant may be spent on administrative costs. These are defined as non-program expenses incurred by the grantee in the course of providing services to program participants. They include but are not limited to clerical, office, printing, mailing, travel, training, accounting, auditing, and reporting expenses.

# HP LEAD APPLICANT APPLICATION

# Part 1: Lead Applicant Information

|  |  |
| --- | --- |
| Legal Name of Lead Applicant: |  |
| DUNS Number: |  |
| Mailing Address: |  |
| Address for Reimbursement (check payable to): |  |
| Individual Authorized to Sign Grant Agreement and Title: |  |
| Lead Contact and Title: |  |
| Contact Phone Number: |  |
| Contact Email Address: |  |
| Name of Local Continuum of Care: |  |
| All Counties Served: |  |

***OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT***

|  |  |
| --- | --- |
| **PRINT NAME & TITLE** |  |
| **SIGNATURE & DATE** |  |

**Part 2: Consolidated Budget**

List each agency and all of the activities and amounts for which they are requesting funds. Add more lines as necessary. Please return to page one for information on eligible activities. Lead Agency Administration requests should be entered on this table and will not be entered elsewhere on the application. On the EHH Payment Request form, requests will be made under each of the eligible activities under “Administration,” “Services” and “Operations.”

|  |  |  |
| --- | --- | --- |
| **AGENCY** | **SERVICES, OPERATIONS, OR ADMINISTRATION** | **FUNDING REQUEST** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
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|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Part 3: Lead Agency Responsibilities**

|  |  |
| --- | --- |
| **By writing “YES” the Lead Agency confirms that it will:** | **Y/N** |
| 1. Collect and review invoices from sub-recipients to ensure proper payment requests. |  |
| 1. Work with the Division of Energy, Housing, and Community Resources to resolve disallowed invoices or payments and ensure funds are spent in an appropriate manner within the agreed upon budget. |  |
| 1. Ensure timely payment disbursement to sub-recipients. |  |
| 1. Issue agreements or contracts with each sub-recipient laying out expectations regarding matters such as use of grant funds, payment request, and eligible activities. |  |
| 1. Collect and ensure timely submission of all reports required by the Division of Energy, Housing, and Community Resources in the grant agreement. |  |
| 1. At least once during the grant agreement period, perform a desk or site monitoring visit to ensure the sub-recipient meets obligations specified in the grant agreement and minimum fiscal standards such as maintenance of required insurance, proper financial standards, and adequate privacy and security controls. During this monitoring, the lead agency must also review documentation supporting reimbursement requests, such as invoices and time-sheets, to ensure proper payment requests are being made. |  |
| 1. Cooperate with Division of Energy, Housing, and Community Resources regarding any other state or federal monitoring that is conducted. |  |
| 1. Before and during a scheduled Division of Energy, Housing, and Community Resources monitoring visit, facilitate the collection of requested information from sub-recipients for review and help with planning activities associated with the visit. |  |
| 1. Ensure that each sub-recipient meets Homeless Management Information System (HMIS) compliance standards. |  |
| 1. Halt payments and notify the Division of Energy, Housing, and Community Resources immediately if contractual issues arise with the agency or a sub-recipient’s performance. |  |
| 1. Ensure that the process for allocating EHH funds locally is fair and transparent. |  |
| 1. Ensure that information such as new rules or income/rent limits is promptly passed along to sub-recipients. |  |
| 1. Notify the Division of Energy, Housing, and Community Resources and the local continuum of care to which the agency belongs if there is a finding that may result in the forfeiture of funds or unresolved questioned costs in a financial audit. |  |
| 1. Facilitate communications and gatherings for sub-recipients, and participate fully in the local and HUD continua of care. |  |

**Part 4: HP Allocation Process**

Describe the process by which projects were chosen and funding allocated. Describe which agencies made decisions, how decisions were made, and the various inputs used to inform decisions such other available resources, needs analysis, and gaps analysis. List the names and agencies of the individuals who were responsible for the allocation.

|  |
| --- |
| EHH Allocation Process |
|  |

**HP SUB-RECIPIENT APPLICATION**

Each sub-recipient must complete a separate HP Sub-Recipient Application.

**Part 1: Applicant Information**

|  |  |
| --- | --- |
| AGENCY/PROGRAM NAME |  |
|  |  |
| PROGRAM CONTACT NAME |  |
| PHONE NUMBER |  |
| E-MAIL |  |
| MAILING ADDRESS |  |
|  |  |
| LOCAL CONTINUUM OF CARE |  |
| LEAD/FISCAL AGENCY |  |
| PRIMARY CITIES OR COUNTIES SERVED |  |

|  |  |
| --- | --- |
| Facility Type: | Scattered Site  Dedicated Site |
| Population Type | Family  Singles |

|  |  |
| --- | --- |
| Indicate whether the local continua served by the COC-funded Transitional Housing Project also operate at least one Rapid Re-Housing project (either COC- or EHH-funded). | YES  NO |
| How many Rapid Re-Housing projects are there in your local continua? (If none, write 0.) | COC-Funded \_\_\_\_\_\_\_ EHH-Funded \_\_\_\_\_\_\_ |
| List the agency that operates each Rapid Re-Housing project. |  |

**Part 2: Funding**

Fill out the chart below with the request for funding. Please return to page one for information on eligible activities. On the EHH Payment Request form, requests will be made under each of the eligible activities under “Services” and “Operations.”

|  |  |
| --- | --- |
| ACTIVITY | **ESG REQUEST** |
| Services |  |
| Operations |  |
| **OVERALL TOTAL** |  |

**Part 3: Project Design**

**Description**

Briefly describe the housing project. This description should include what the project is and who it serves. Describe populations targeted and how your organization will reach these populations. If this project is new describe when it began or will begin and how it complements and does not duplicate other services in the continuum of care.

|  |
| --- |
| BRIEF DESCRIPTION OF THE PROJECT |
|  |

**Budget and Staffing**

Enter information about the existing project for 01/01/2017 through 12/31/2017. If you did not have a homelessness prevention project in this year, write N/A in the tables

|  |  |
| --- | --- |
| FISCAL YEAR | 01/01/2017-12/31/2017 |
| Total Housing Project Budget |  |
| Total Homeless Project Budget |  |
| Total Agency Budget: |  |

Indicate the number of staff and/or volunteers utilized in the period 01/01/2017 through 12/31/2017 for this project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STAFF: (# of individuals) & | | | VOLUNTEERS: (# of individuals) | | |
| FULL- TIME |  | PART-TIME |  | VOLUNTEERS |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FULL –TIME EQUIVALENT (total hours / 2080 hours) | | | |
| PAID STAFF |  | VOLUNTEERS |  |

**Project Experience and Design**

**Briefly** respond to the following.

|  |
| --- |
| **EXPERIENCE AND CAPACITY** |
| Provide a brief description of the staff that will be assigned to this program. In the description talk about staffing availability, knowledge, and capacity. |
|  |

|  |
| --- |
| **COLLABORATION WITH OTHER HOMELESS SERVICE PROVIDERS** |
| Describe how clients are referred to your program. Which programs make the most referrals *(include other programs within your agency if applicable).* From which agencies/programs did you accept the most referrals (include other programs within your agency if applicable). Are there shelters in your community from which you do not get referrals? Why? Note: HMIS is not required to answer this question, this question asks generally about the collaboration this transitional housing program has with other service providers in the community. |
|  |

|  |
| --- |
| **CASE MANAGEMENT AND HOMELESS AND MAINSTREAM SERVICES:** |
| Describe the provision of case management and homeless and mainstream services to clients of this project *(on site, off site, other agencies involved, etc.)*. |
|  |

|  |
| --- |
| **STABLE HOUSING:** |
| Describe how the project increases long-term housing stability and/or self-sufficiency for clients it serves. |
|  |