**Homeless Case Management Services Grant Application**

**Background**:

The 2017-2019 Wisconsin State Budget (2017 Wisconsin Act 59) created the Homeless Case Management Services Grant Program. Under the program, eligible recipients of funding will provide intensive case management services to homeless families. The services would focus on providing financial management, employment, ensure school continuation for children, and enrolling unemployed or underemployed parents in W-2 or the foodshare employment and training program. Case management services provided may include other services not previously listed; however, shelters must also provide the listed services if they intend to apply for funding under this program. The Department of Administration, Division of Energy, Housing and Community Resources will administer the grant.

The Homeless Case Management Services Grant Program is funded by federal Temporary Assistance to Needy Families (TANF). Funds must be used for services and must benefit needy families.

**Eligibility**:

The program is competitive. Under the program, DEHCR will award up to 10 grants per year. These are annual grants of up to $50,000. No match is required; however, grantees providing match receive preference for funding. Grantees are strongly encouraged to apply for $50,000 in funding.

The bill limits eligible recipients to: a shelter facility; defined as a place of lodging for homeless individuals and families. Further, recipients must be existing Homeless Management Information System subscribers or State Shelter Subsidy Grant-participating homeless shelters. **Both single agency as well as lead agency applicants are eligible to apply for funding**. Priority for funding will be provided to shelters that serve families.

Under the bill, the following services are eligible for funding:

1. Financial management services;
2. Employment services, including connecting parents who are job training graduates or who have a recent work history with their local workforce development board and assisting them with using the job center website maintained by the Department of Workforce Development;
3. Services intended to ensure continuation of school enrollment for children; and
4. Services to enroll unemployed or underemployed parents in a food stamp employment and training program or in the Wisconsin Works program.

Funding should be used for social workers and associated case management services. Grantees must include in their application a description and examples of the services they would provide under the grant.

**Reporting Requirements**:

Federal TANF requirements stipulate that persons served must be families. For eligibility under this program, “homeless families” means:

1. Homeless adults (age 18 or older) accompanied by minor children (under age 18 for whom the homeless adults are legally responsible, or under 19 but a full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education); or
2. Homeless pregnant women.
3. May be non-custodial parents of children under the age of 18; or
4. Are over age 18 but younger than age 25 and accompanied by another person related by blood or marriage.

All persons who self-report as a family will be considered so for purposes of eligibility for receipt of services. **Preference for services should be granted for persons who identify as either #1 or #2 as identified above.** All reporting requirements will be identified in the Attachments of the Agreement between the Department and the Grantee.

DEHCR will require **monthly invoicing of costs and** **reporting** from its grantees regarding services provided with grant funding. Grantees will be provided with the invoicing/reporting from by the Division. Grantees must submit reports on the following services provided:

1. The numbers of persons/families served.
2. The numbers of unduplicated, distinct individuals served.
3. The number of parents served with children under 18.
4. The number of children under 18 who received services to ensure continuation of school enrollment for children, or to promote regular school attendance.
5. The number of persons enrolled in **or** referred to:
	1. Wisconsin Works
	2. Wisconsin Shares Child Care Subsidy
	3. Food Share Employment and Training
	4. Job Center of Wisconsin enrollment
	5. The Division of Vocational Rehabilitation
	6. Veterans Resource Officers
	7. Other organizations/apprenticeship programs
6. The number of persons who received other services.
7. The number of recipients that gained employment who were previously unemployed.
8. The number of recipients that increased the number of hours worked/week.

Grantees must submit a final report by November 1 in each year of participation.

**Monitoring**:

All required monitoring will be identified in the Attachments of the Agreement between the Department and the Grantee.

**Contract Dates and Information**

**Applications for funding under the Homeless Case Management Services Grant Program must be received or postmarked by 4:30 p.m., 3/8/2018.** Applications must be fully complete and signed, where indicated. Completed applications must be received electronically at: DOADEHCR@wisconsin.gov and in hard copy (see Applicant Information page of Application) by the deadline.

The grant agreement will be executed upon signature of both parties. **All awards must be made prior to 6/30/2018.**

The initial reporting period will be January 1 through September 30 of calendar-year 2018. The second and subsequent reporting period will run October 1 and conclude on September 30. Please limit your responses to: four (4) pages for the Project Needs Statement, one (1) page for the Number of Persons Served, two (2) pages for eligibility, one (1) page for budget and four (4) pages for financial accountability.

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1. **Project Needs Statement**

 Describe the nature and scope of the services your organization will address.

 Please include:

* The specific service needs of the recipients, and the case management services your organization will provide.
* Case management services must include one or more of the following: a) financial management services; b) employment services, c) services intended to ensure continuation of school enrollment for children and d) Services to enroll unemployed or underemployed parents in a food stamp employment and training program or in the Wisconsin Works program.
* Applicants must identify proposed services and the number of recipients, by service category.
* Applicants may provide services above and beyond those identified above; please identify any additional case management services your organization plans to provide and the numbers of recipients, by service type.
	+ Administrative costs are eligible under this program; however, are limited to no more than 15% of the total costs. Criteria for scoring applicants will include, but are not limited to, administrative costs with preference given to applicants with lower rates.
* How your organization will deliver those services. For example: hiring an employee with expertise in these areas, contracting with a provider, etc.
* Data, information or examples to support your application.
1. **Numbers of Persons Served**

Number of unduplicated, distinct individuals your organization will serve with these funds\_\_\_\_. Total number of persons served in categories 1 and 2 under “Homeless Families” below\_\_\_\_\_. Total number of persons served in categories 3 and 4 under “Homeless Families” below\_\_\_\_\_. Total number of persons your organization serves annually\_\_\_\_\_

Federal TANF requirements stipulate that persons served must be families. For eligibility under this program, “homeless families” means:

**“Homeless families”:**

1. Homeless adults (age 18 or older) accompanied by minor children (under age 18 for whom the homeless adults are legally responsible, or under 19 but a full-time student in high school, working on an equivalency degree, or enrolled in basic vocational or technical education); or
2. Homeless pregnant women.
3. May be non-custodial parents of children under the age of 18); or
4. Are over age 18 but younger than age 25 and accompanied by another person related by blood or marriage.
5. **Preference for services under this program is for persons who identify as either #1 or #2 as identified under “homeless families”.**

Your application needs to only contain the total number of persons served; however, as a reminder, you will be required to report monthly using the information/categories below:

1. The numbers of unduplicated, distinct individuals served.
2. The number of parents served with children under 18.
3. The number of children under 18 who received services to ensure continuation of school enrollment for children, or to promote regular school attendance.
4. The number of persons receiving financial management services.
5. The number of persons enrolled in **or** referred to:
	1. Wisconsin Works
	2. Wisconsin Shares Child Care Subsidy
	3. Food Share Employment and Training
	4. Job Center of Wisconsin enrollment
	5. The Division of Vocational Rehabilitation
	6. Veterans Resource Officers
	7. Other organizations/apprenticeship programs
6. The number of persons who received other services.
7. The number of recipients that gained employment who were previously unemployed.
8. The number of recipients that increased the number of hours worked/week.
9. **Eligibility**

Please describe the process of ensuring that persons/households assisted with TANF are eligible to receive services.

 Please include:

* Plan for selecting eligible recipients.
* Process for tracking data.
1. **Budget**

Please identify spending by category as provided below. Maximum award size is $50,000; grantees are encouraged to submit a budget at the maximum level. Reminder: these funds are separate from existing SSSG funds.

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| --- | --- | --- | --- | --- |
| Budget Categories for Homeless Case Management Services Grant Funds | Grant Funds Requested | Cash/Other Resources  | In-Kind  | Total Anticipated Cost |
| Staff Salaries |  |  |  |  |
| Fringe Benefits (% of salary) |  |  |  |  |
| Travel |  |  |  |  |
| Equipment |  |  |  |  |
| Contractual & Consulting Costs |  |  |  |  |
| Administrative Costs |  |  |  |  |
| TOTAL BUDGET |  |  |  |  |

1. **Financial Accountability**

Please describe your organization’s financial accountability standards/requirements. At a minimum, describe:

* Policies regarding identification of the source and requirements of funding, specifically federal TANF funds.
* If hiring/funding employee time with program funds:
	+ Recipients must describe and have in place a mechanism for tracking employee time worked by funding source.
	+ Requirement for eligibility under the Homeless Case Management Services Grant Program.
* Organization’s policies regarding the creation and retention of records including, but not limited to: awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
* Mechanisms to establish control and accountability for all funds.
* Ability to produce records/reports to compare outlays with budget amounts, by funding source.
* Statement of Assurances, signed by the Grantee, stating that the Grantee will comply will all record keeping and financial accountability requirements of the Omni Circular.
1. **Reporting**

Please describe your mechanism for recording outcomes. DEHCR will provide the required reporting forms and format for reporting.

**APPLICANT INFORMATION**

**2018 HOMELESS CASE MANAGEMENT SERVICES GRANT**

The Application with Applicant Information are **due received or postmarked by 4:30 p.m., Thursday, March 8, 2018, at the following address:**

 Homeless Case Management Services Grant Program

 Division of Energy, Housing and Community Resources

 Wisconsin Department of Administration

 101 East Wilson Street, 5th Floor

 P.O. Box 7970

 Madison, WI 53707-7970

**Must also include .pdf of complete, signed application to:**

DOADEHCR@wisconsin.gov

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State and Zip code

Federal Employer Identification Number DUNS Number

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Type of Shelter Program: 🞏 Shelter Facility 🞏 Voucher Program

**Name, Title, E-mail address and Telephone of Grantee Contact Person:**

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Name Title E-mail address Phone

**Name, Title and Information for Official Authorized to Sign:**

Typed Name of Official Telephone Number

Title Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address Date

**ASSURANCES FOR Homeless Case Management Services Grant Program**

 (Name of Applicant Agency) **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 grant program will be used to provide services to eligible recipients who are homeless.

3. Persons receiving shelter will not be required to be a resident of the state or locality, will not be required to pay for shelter, and will not be required to participate in religious activity.

4. Information about shelter recipients and applications will be kept confidential.

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

Date Applicant

By:

Signature of Authorized Official