**Wisconsin Interagency Council on Homelessness**

**Disbursement of 2019 WHEDA Dividends Funding**

**Application**

**Section 1: Application Information**

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Grant Information**

Please provide details regarding the applicant’s grant request.

Amount of grant request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [NOTE: Total available funding for all grants is $500,000]

Please give projection of time from contract signing to project completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use of funds (please state from list on Page 1 of RFP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a few sentences, please describe your project. In the description, please include the projected number of housing units in this project and number of people who will be served by it:

**Section 3: Short Narratives**

In the space provided, describe the experience of your organization in performing the activities proposed in this application:

Does this project have a subpopulation focus (e.g. Veterans, youth, AODA, etc.)? If so, please describe the subpopulations that will be served by this grant – as well as your experience in serving the subpopulations (including numbers of people you’re currently serving):

Describe any other funding sources and amounts that are being leveraged for this project:

Describe which supportive services will be provided for people being served by this project and who will be providing those services:

Identify what project activities, if any, have already been accomplished (e.g. identification of properties, site control, zoning approval, bid estimates, architectural drawings, etc.) and please add a timeline for completion of project activities:

If you are subcontracting services for this project, please have that agency answer the following questions. Otherwise, please answer them yourself:

**Agency or applicant answering these questions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your agency participate in your regional Continuum of Care?**  [ ] Yes [ ] No

**Does your agency use HMIS to record client data in your projects?** [ ] Yes [ ] No

**Will your agency be using HMIS to record client data in this proposed project?** [ ] Yes [ ] No

**Will your agency be using your local Coordinated Entry to refer clients to this proposed project?** [ ] Yes [ ] No

**If the answer to the previous question is “no”, how will clients be referred to this proposed project?:**

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

**Will this project follow a “Housing First” approach?** [ ] Yes [ ] No

**Section 5: Signature**

On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we submit this application for disbursement of WHEDA funding through the Wisconsin Interagency Council on Homelessness. We hereby certify all the information contained herein is accurate and complete.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019

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

Signature Signature

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

Print Name Print Name

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Title Title

Please refer any questions to Michael Basford, Director of the Wisconsin Interagency Council on Homelessness. Please visit <https://doa.wi.gov/Pages/AboutDOA/ICH.aspx>, call (608) 266-3633, or email mike.basford@wisconsin.gov.