

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY2013 CoC Program grant competition.
- Additional training resources can be found on the OneCPD Resource Exchange at <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 02/02/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 UFA Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

8. Applicant

a. Legal Name: Wisconsin Balance of State Continuum of Care, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 27-5491167

	c. Organizational DUNS:	967331989	PL US 4	
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d. Address

Street 1: 330 Marialain Drive

Street 2:

City: Lake Delton

County:

State: Wisconsin

Country: United States

Zip / Postal Code: 53940

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Carrie
Middle Name:
Last Name: Poser
Suffix:
Title: Vice President, WIBOSCOC Board of Directors
Organizational Affiliation: Wisconsin Balance of State Continuum of Care, Inc.
Telephone Number: (715) 245-3778
Extension:
Fax Number: (715) 265-7031
Email: liberty_justice@yahoo.com

1C. Application Details

Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 CoC Planning Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5700-N-31B

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

14. Area(s) affected by the project (state(s) only): Wisconsin
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: WI 500 CoC Planning Application 2013

16. Congressional District(s):

a. Applicant: WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001

b. Project: WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2014

b. End Date: 06/30/2015

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this form from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Robyn

Middle Name:

Last Name: Thibado

Suffix:

Title: President, WIBOSCOC Board of Directors

Telephone Number: (715) 265-4271
(Format: 123-456-7890)

Fax Number: (715) 265-7031
(Format: 123-456-7890)

Email: rthibado@hotmail.com

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 02/02/2014

2A. Project Detail

Instructions:

CoC Number and Name: Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC planning grant. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. Make sure to select the correct applicant name.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Component Type: This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

1b. Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: WI 500 CoC Planning Application 2013

3. Component Type: CoC Planning Project Application

2B. Project Description

Instructions:

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

4. How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The BOSCOC was organized in 1992 to provide leadership to local continua that exist in all counties of WI (except Dane, Milwaukee and Racine), an area consisting of 52,533 sq. miles. The WI Div. of Housing organized training and COC grant application submission up until 2009. Under the state auspices, there was an Advisory Board formed. Once the state removed itself the BOSCOC became an unincorporated association. Articles and Bylaws were approved by the state in February 2011. The organization became a 501c3 non-profit on 3/18/13. The COC has met regularly since its inception at various locations around the state and brings together people from a wide geographic area that includes urban and rural areas. Due to the diversity and size of the BOSCOC, 22 local continua reflecting particular communities or geographic areas meet regularly and representatives from these groups make up the BOSCOC. Bringing together the local continua at quarterly meetings is a key activity for the BOSCOC. The two day quarterly meetings hosted by the BOSCOC Board provide training opportunities and technical assistance for homeless service providers and conduct a business meeting for the membership. Business meetings include committee reports, HMIS Lead updates, Board update, and presentations related to strategic goals, and performance measures. The Board is also responsible for preparation and submission of the Collaborative Application on behalf of the membership. Currently, the BOSCOC is operated directly by a volunteer board of directors. With the implementation of HEARTH and the COC Interim Rule, the ability of a volunteer board to manage the broadened responsibilities of the organization is not a viable long term plan. The award of this COC Planning Grant will provide the opportunity to hire a full time director to ensure compliance with the provisions of 24 CFR 578.7. Responsibilities of the COC which the director will oversee include operations, designation and operation of HMIS, and developing a plan for the COC.

Scope of activities:

Operation – conduct regular meetings, participate in committees, reports to the board, ensures compliance with the governance charter and bylaws of the organization, participate in the monitoring of COC and ESG funded projects including taken action against underperforming projects, evaluate COC and ESG project performance, ensure compliance with the regional coordinated assessment system and compliance with the written eligibility standards.

HMIS- monitor participation in the COC selected HMIS, review/revise/approve privacy, security and data quality plan for HMIS, ensure HMIS is administered in compliance with HUD.

Planning – system coordination, PIT, annual gaps analysis, participate in Consolidated Plan development, consultation with ESG administrator (allocation, reporting, evaluating).

The director will also be responsible for the preparation and submission of the Collaborative Application.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Many of the described activities are already underway in the COC and upon grant award the COC board of directors will initiate a comprehensive review of current activities and begin a hiring process. A Director will be hired no later than 2 months after the executed grant agreement. The strategic plan guides the direction of the COC. Progress is monitored by the COC Executive Committee and the COC Director will track achievement of goals and objectives and develop the work plan. Progress on the strategic plan will be reported monthly to the COC Board by the COC Director and discussed quarterly with COC members. The strategic plan will be updated annually to ensure the direction is aligned with community homeless needs and HUD requirements. The BOSCO board is ultimately responsible for assuring the effective and timely completion of all work. The Director will report to the President of the Board. Performance reviews of the Director will be completed annually by the Executive Committee of the BOSCO board. BOSCO board directors, with the exception of the President, will continue to be responsible for chairing committees and ensuring progress on all committee tasks.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?

A portion of the funds will be used to evaluate the outcomes of COC and ESG projects. Activities will include consultation with the ESG administrator regarding allocation of ESG funds, development of the ESG certification plan for lead and sub-recipients seeking ESG funds, ensuring compliance with COC policies, monitoring and evaluating project performance through HMIS based reports and establish goals and standards for ESG projects in line with the COC strategic plan. The Director will work in collaboration with the HMIS/PIT committee and Project Evaluation and Assistance committee to perform these tasks.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

In order to continue the planning activities described above the BOSCO board and Director will need to secure ongoing funding. This will be accomplished mainly through grant writing to state, philanthropic organizations and private foundations whose funding priorities meet the strategic goals of the BOSCO.

3A. Sources of Match/Leverage

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the form "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$24,395
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$24,395

Summary for Leverage

Total Value of Cash Commitments:	\$10,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$10,000

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	State of Wisconsi...	01/23/2014	\$16,750
Match	Cash	Private	BOSCO Discretion...	01/31/2014	\$7,645
Leverage	Cash	Private	BOSCO Discretion...	01/31/2014	\$10,000

Sources of Match Details

- 1. Will this commitment be used towards Match or Leverage?** Match
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** State of Wisconsin THP grant
- 5. Date of Written Commitment:** 01/23/2014
- 6. Value of Written Commitment:** \$16,750

Sources of Match Details

- 1. Will this commitment be used towards Match or Leverage?** Match
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** BOSCOG Discretionary Funds
- 5. Date of Written Commitment:** 01/31/2014
- 6. Value of Written Commitment:** \$7,645

Sources of Match Details

- 1. Will this commitment be used towards Match or Leverage?** Leverage
- 2. Type of Commitment:** Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) BOSCOC Discretionary Funds

5. Date of Written Commitment: 01/31/2014

6. Value of Written Commitment: \$10,000

3B. Funding Request

Instructions:

Is it feasible for the project to be under grant agreement by September 30, 2015: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2015. The FY 2013 HUD Appropriations Act requires HUD to obligate FY 2013 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a "Quantity AND Description" and amount of assistance for each activity for which funds are being requested. "Quantity AND Description" details should be thorough, and failure to enter adequate "Quantity AND Description" may result in conditions being placed on an award and a delay of grant funding. Once a "Quantity AND Description" and an amount have been entered into one or more of the items, click "Save" and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to form "3A. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form "3A. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form "3A. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

1. will it be feasible for the project to be under grant agreement by September 30, 2015? Yes

2. Select a grant term: 1 Year

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.5 FTE director salary and benefits, training, mileage & per diem, phone, computer support and office supplies	\$45,789
2. Project Evaluation		
3. Project Monitoring Activities	Mileage, hotel, & per diem for 4 site monitorings x 3 monitors	\$6,000
4. Participation in the Consolidated Plan		
5. CoC Application Activities	.25 FTE director salary and benefits, mileage & per diem, phone, computer support and office supplies	\$22,895
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities	.25 FTE director salary and benefits, mileage & per diem, phone, computer support and office supplies	\$22,895
Total Costs Requested		\$97,579
Cash Match		\$24,395
In-Kind Match		\$0
Total Match		\$24,395
Total Budget		\$121,974

Click the 'Save' button to automatically calculate the Total Assistance

4A. Attachment(s)

Instructions:

Other Attachment(s): Attach any additional information supporting the project funding request.
Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

4B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Robyn Thibado

Date: 02/02/2014

Title: President, WIBOSCOC Board of Directors

Applicant Organization: Wisconsin Balance of State Continuum of Care, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

5A. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	01/29/2014
1E. Compliance	01/05/2014
1F. Declaration	01/05/2014
2A. Project Detail	01/05/2014
2B. Description	02/02/2014
3A. Match/Leverage	02/02/2014
3B. Funding Request	02/02/2014
4A. Attachment(s)	No Input Required
4B. Certification	02/02/2014