**Thank you for considering applying for Continuum of Care funding and supporting Milwaukee’s efforts to end homelessness. All new project applicants are advised to review 24 CFR part 578, the FY 2021 CoC Program Competition Notice, detailed instructions, and navigational guides to have reference material for CoC program requirements and HUD’s requirements as described in the FY 2021 CoC program announcement. Milwaukee Continuum of Care (CoC) reserves the right to decline funding applications for the FY 2021 CoC Program Competition due to incomplete submissions, or ineligibility of applicants/applicant proposal for funding.**

**Funding for new CoC projects is available in 2 different funding opportunity categories: 1) the CoC Bonus Opportunity and 2) the Domestic Violence Bonus Opportunity.**

**Milwaukee CoC is accepting applications for new projects applying for Domestic Violence bonus funding to create new Joint Temporary Housing – Rapid Rehousing component projects intended to improve safety and housing stability for** **individuals and families qualifying as homeless under paragraph (4) of the homeless definition at 24 CFR 578.3 (survivors who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking; and survivors who are fleeing or attempting to flee human trafficking subject to HUD restrictions that may apply in documenting Category 4 homelessness**) **.**

**Among any new projects applying for the CoC bonus opportunity funding category, Milwaukee CoC is prioritizing new bonus project applications from applicants that utilize vouchers to leverage other housing resources to create new permanent supportive housing or rapid rehousing projects; and/or new bonus project applications from applicants leveraging formal healthcare partnerships to address behavioral health needs of participants in proposed projects.**

**The maximum amount of funding made available to Milwaukee CoC to apply for bonus projects or domestic violence bonus projects can be found below. Applications for the domestic violence bonus opportunity and CoC Bonus opportunity will be scored on separate scoring scales. Applicants are not expected or required to apply for the maximum funding available. Applicants are expected to submit project proposals that are scaled appropriately to meet needs of the total number of households expected to be served by the project, therefore there is no advantage in new project application review or ranking in submitting project applications for a larger amount funding versus a request for a smaller amount of funding.**

|  |  |
| --- | --- |
| **Funding Opportunity** | **Maximum Funding Available for Milwaukee CoC** |
| **CoC Bonus Opportunity (PSH, RRH)** | **$764,756** |
| **Domestic Violence Bonus Opportunity (Joint TH-RRH)** | **$2,294,269** |

**New project applications (including this completed Intent to Apply form document and the PDF export of the new project application in eSNAPS) are due to be submitted via email to both Rafael Acevedo (** [**racevedo@milwaukee.gov**](mailto:racevedo@milwaukee.gov) **) and Claire Shanahan (** [**cshana@milwaukee.gov**](mailto:cshana@milwaukee.gov) **) by 4:45 PM October 7th, 2021. Applications for new projects submitted after this deadline will not be considered for CoC program funding.**

**Applicants are responsible for completing all required fields in the Intent to Apply form (see also, attachment checklist on page 21 for list of all attachments required), and all required fields in the eSNAPS new project application. New project applicants are expected to register for the eSNAPS system (**[**https://www.hudexchange.info/resource/6170/esnaps-101-toolkit/**](https://www.hudexchange.info/resource/6170/esnaps-101-toolkit/) **) complete a new project application, and export the new project application to PDF. Information required to be submitted in eSNAPS and available for review in eSNAPS new project application in PDF submission includes but is not limited to:**

* **HUD Form 2880 (Applicant/Recipient Disclosure/Initial Report)** [**https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf**](https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf)
* **HUD Form 50070 —Drug-Free Workplace Certification**
* **SF-LLL – Disclosure of Lobbying**
* **SF-424B – Assurances – Non-Construction Programs**

***New Project Applicant Information – All New Project Applicants***

**Legal Name of Agency Applying:** Click or tap here to enter text. **Applicant Agency - Organization Type:** Choose an item. **\*Note – if applicant is a nonprofit, proof of the applicant’s nonprofit status is required to be attached to the application\*  
Is the applicant a faith-based organization?: Yes ☐ No ☐  
Has the applicant ever received a federal grant, either directly from a federal agency or through a State/Local agency?: Yes ☐ No ☐  
Agency Address:** Click or tap here to enter text. **DUNS Number:** Click or tap here to enter text. **Project Name:** Click or tap here to enter text. **Project Type:** *Choose an item.* **Total Funding Request:** Click or tap here to enter text. **Employer/Taxpayer Identification Number:** Click or tap here to enter text. **Does your agency have an active Central Contractor Registration (CCR)/System for Award Management (SAM)?: Yes:  No:**

**Each agency applying for CoC funding is required to have 2 registered Esnaps users. Please provide Esnaps Users names, phone numbers, and email addresses  
  
1.** Click or tap here to enter text. **2.** Click or tap here to enter text.

**Milwaukee CoC funding recipients are required to provide reports (either through HMIS or a comparable database if a Victim Service Provider) to the CoC and to HUD in order to document project performance, fulfill HUD requirements, and provide information about the City of Milwaukee and Milwaukee County’s homeless population to system leadership on an ongoing basis. Applicants awarded funding through the Continuum of Care program are expected to receive 100% of all referrals from the local Coordinated Entry System following a standard order of prioritization approved by the Milwaukee CoC, and provide timely communication with Coordinated Entry administrators to indicate and fill vacancies in the project. Applicants awarded funding through the Continuum of Care are required to provide data at minimum annually for the Point in Time count, provide data at minimum monthly for the Housing Inventory Chart, and attend at minimum 80% of CoC Leadership committee meetings in a year and trainings required by the CoC.   
  
Milwaukee CoC funding recipients are granted membership to the CoC and are granted the right and responsibility of voting on CoC issues in the CoC Leadership committee alongside other Milwaukee homeless service provider leaders. Milwaukee CoC funding recipients are also expected to serve as ambassadors of the CoC to the greater Milwaukee community when conducting business as a CoC member, and foster collaborative relationships with fellow CoC members, the Lead Agency, and external stakeholders.   
  
Please acknowledge that you accept Milwaukee CoC’s requirements below.**

**Yes, I accept these local requirements:**

***Expansions***

***Note: An applicant can submit up to 2 new project application to expand an existing renewal project. Expansions will submit a stand-alone renewal application and a stand-alone new application. All renewal projects that are part of an expansion must expire in Calendar Year (CY) 2022, as confirmed on the FY 2021 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type as the new project expansion. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2022, as confirmed on the FY 2021 GIW or eLOCCS, must be to the same recipient, and must be for the same eligible component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH). Applicants applying for Expansion with 2 new project applications are required to submit 2 separate applications for new projects.***

1. **Is this applicant requesting an Expansion of an existing CoC renewal project?** *Choose an item.*
2. **If requesting an expansion of an existing renewal project, provide:**
   1. **Eligible renewal grant project name:** Click or tap here to enter text.
   2. **Eligible renewal grant’s grant number** Click or tap here to enter text.
3. **Please provide projection of how many additional households in an operating year are expected to be served if expansion is awarded:** Click or tap here to enter text.

**4) Please describe how intensity and frequency of supportive services will be affected by this expansion:**

***Subrecipients***

**6) Will the applicant have a subrecipient or subrecipients? Yes  No   
7) Total number of expected subawards:** Click or tap here to enter text.

**8) If you have more than one subaward, copy/paste/complete A-H below to add multiple subaward entries.**

1. **Legal Name of Subrecipient Organization:** Click or tap here to enter text.
2. **Subrecipient Organization Type:** Choose an item.

**\*Note – if applicant is including a nonprofit subrecipient, proof of the subrecipient’s nonprofit status is required to be attached to the application\***

1. **Is the subrecipient a faith-based organization?: Yes  No**
2. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/Local agency?: Yes  No**
3. **Subrecipient 9-digit Tax ID Number:** Click or tap here to enter text.
4. **Subrecipient's 9-digit DUNS number (or 13-digit number, if applicable).:** Click or tap here to enter text.
5. **Subrecipient's address, city, State, and zip code:** Click or tap here to enter text.
6. **Subrecipient contact person name, phone number, email address:** Click or tap here to enter text.

**Note: Milwaukee CoC requires new project applicants with subrecipients to attach a signed Memorandum of Understanding with application submission for each subaward confirming the formal partnership between the applicant and the subrecipient, the subaward amount, and description of the services and program features that the recipient and the subrecipient are each responsible for.**

***Project Description, Experience of Applicant, Partnerships, Services***

**9) Which subpopulations will the proposed project focus on? Check all that apply:**

**Veterans  Youth (under 25)  Families with Children  Domestic Violence**

**Substance Abuse  Chronic Homeless  Mental Illness  HIV/AIDS**

**N/A (project serves all subpopulations)  
  
10) \*Domestic Violence bonus opportunity applicants only\*:   
  
Per clarifying guidance from HUD’s NOFO helpdesk, projects created through the domestic violence bonus opportunity must admit all those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking; and survivors who are fleeing or attempting to flee human trafficking subject to HUD restrictions that may apply – program participant eligibility cannot be restricted among these experiences as this would create additional preconditions to program entry, an approach that HUD does not consider “Housing First”. *Please indicate that you understand this requirement and the proposed project supported by CoC domestic violence bonus opportunity funding will accept all project participants that would qualify as Category 4 homeless.***

**I understand – the proposed project will accept all project participants that would qualify as Category 4 homeless as defined under paragraph (4) of the homeless definition at 24 CFR 578.3 and described in the FY 2021 CoC Program Competition Notice.**

**11) Describe your organization’s (and subrecipient(s) if applicable) experience in serving the selected subpopulations.**

**System Performance Measures Outcomes Notice  
CoC Bonus Opportunity Applicants Only:**

* **CoC recipients that are applying for a second+ year renewal in FY 2020 with at least 1 FY 2020 System Performance Measure outcome in the top 30% of all renewal projects’ outcomes ranked highest to lowest for that criteria will automatically receive bonus points on their new CoC bonus opportunity project application score**
* **Applicants using HMIS that are not CoC funded that are able to provide attachment reports from 10/1/2019 – 9/30/2020 that document 1 of the following: number of permanent housing destination exits, increase in income (total income, or earned income) or returns to homelessness will receive bonus points on their new project application score if their outcome is higher than 50% of all CoC renewal projects’ outcomes ranked highest to lowest for that criteria**

**12) Which vulnerabilities of project participants will the proposed project address? Check all that apply:**

**history of victimization/abuse, domestic violence, sexual assault, childhood abuse, human trafficking**

**criminal histories**

**chronic homelessness**

**low or no income;**

**current or past substance abuse;**

**unsheltered homelessness**

**persons or households with multiple (3+) disabilities**

**13) Please complete table below to provide the number of households projected to be served in an operating year by the proposed project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Households with at least 1 adult and 1 child** | **Adult Households Without Children** | **Households with Only Children** | **Overall Total** |
| **Number of Households** |  |  |  |  |

**14) Describe the scope of the proposed project and its expected outcomes:**

**15) Describe your organization’s (and subrecipient(s) if applicable) experience in effectively performing the activities proposed in the application:**

**16) \*Regular bonus permanent supportive housing applicants only\*  
Is this project 100% Dedicated to Chronic Homelessness or DedicatedPlus?** Choose an item.

**17) \*Regular bonus permanent supportive housing or rapid rehousing applicants only\*  
Are you applying for bonus funding for a permanent supportive housing or rapid rehousing project in partnership with a healthcare provider to propose a permanent housing project offering behavior health services? Yes  No**

**If yes, please note that a written, signed commitment from a healthcare organization (on their letterhead) is required to be submitted with the application, documenting:**

* **The value of the commitment AND**
* **The dates healthcare resources will be provided AND**
* **Clear language indicating:**
  + **that the healthcare organization will not restrict eligibility criteria of project participants**
  + **the CoC provider will determine and document eligibility of project participants**
  + **eligibility for the project will comply with HUD program requirements and fair housing requirements**
  + **an amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization, OR in the case of in the case of a substance abuse treatment or recovery provider, the provider will provide access to**

**treatment or recovery services for all program participants who quality and choose those services;**

**Sources of health care resources include:**

* **Direct contributions from a public or private health insurance provider to the project, and**
* **Provision of health care services by a private or public organization tailored to the program participants of the project.**

**18) In this project proposal are you applying bonus funding for a permanent supportive housing or rapid rehousing project utilizing housing subsidies or subsidized housing units not funded through the CoC or ESG programs?**

**Yes  No**

**18a) If yes, which funding source is subsidizing the units not funded through the CoC or ESG programs?** Choose an item.

**18b) Units in permanent supportive housing projects that are not funded through the CoC or ESG programs will need to provide at least 25% of the units included in the proposed project. If applying for a permanent supportive housing project using resources from other housing subsidies besides those available through CoC or ESG programs, please provide total units funded by other sources than CoC or ESG programs included in the project.** Click or tap here to enter text. **18c) Units in rapid re-housing projects not funded through the CoC or ESG programs will need serve at least 25% of the program participants anticipated to be served by the project. If applying for a rapid rehousing bonus project using resources from other housing subsidies besides those available through CoC or ESG programs, please provide total number of the program participants anticipated to be served by the project in units not funded through the CoC or ESG programs.** Click or tap here to enter text.

**\*Applicants applying for permanent supportive housing or rapid rehousing projects utilizing other funding sources besides CoC or ESG are required to attach letters of commitment, contracts, or other formal written documents that demonstrate the number or subsidies or units being provided to support the project.**

**19) Describe your organization’s (and subrecipient(s) if applicable) engagement and participation in the Milwaukee CoC, including collaboration with Milwaukee CoC members to address the needs of the subpopulation to be served by the proposed project:**

**20) Describe how program participants will be assisted by the proposed project to obtain and maintain permanent housing.**

**21) Describe how the program will offer trauma-informed, person-centered supportive services to program participants.**

**22) Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible**

**23) Will the project provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes  No**

**24) Will the project complete a minimum of annual follow-ups to ensure mainstream benefits are received and renewed? Yes  No**

**25) Will program participants have access to SSI/SSDI technical assistance provided by this project through the applicant, subrecipient or partner agency? Yes  No**

**26) Have applicant and/or subrecipient staff completed SOAR training? Yes  No**

**26a) If no, does the applicant agree to enroll project staff responsible for assisting clients with improving housing stability in SOAR training, and support their completion of SOAR training?**

**Yes  No**

**27) Will the project follow the CoC’s Domestic Violence policy and other Coordinated Entry policies affecting permanent housing providers? See manual of policies:** [**https://drive.google.com/file/d/1vfUlhYRNFHVKMZcsF5NTgRjd\_hViU7Jr/view**](https://drive.google.com/file/d/1vfUlhYRNFHVKMZcsF5NTgRjd_hViU7Jr/view) **Yes  No**

**28) \*Domestic Violence Bonus Applicants Only\* Describe your organization’s experience in improving safety for individuals and/or families experiencing Category 4 homelessness or survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking.**

**\*Reference to and attachment of a report to public or private funders or academic research documenting measurable improvements in safety for individuals and/or families experiencing Category 4 homelessness or survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking required.   
  
Victim service providers using a comparable database to HMIS are required to attach data generated from the comparable database documenting measurable improvements in safety for individuals and/or families experiencing Category 4 homelessness. Reports to public or private funders or academic research can accompany the data generated from a comparable database for context – please provide detail in description.  
  
All reports should be published on or after 1/1/2019, or reflect data generated no earlier than 1/1/2019 over a minimum time period of 6 consecutive months.  
  
Description:**

**29) \*Domestic Violence Bonus Applicants Only\* Describe how program participants will be assisted by this proposed project in improving safety for individuals and/or families experiencing Category 4 homelessness or survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking.**

**30) \*Domestic Violence Bonus Applicants Only\* Are you applying as a Victim Service Provider that uses a database comparable to HMIS? Yes  No**

**If yes, please attach aggregate agency-level data generated no earlier than 1/1/2019 from the database comparable to HMIS, documenting how many participants served by the applicant were experiencing housing instability and how many of those experiencing housing instability had positive housing outcomes while receiving services from the applicant. Data must be provided for a minimum time period of 6 consecutive months.**

**Financial Management**

**31) Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds**

**32) Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds**

**33) Describe your organization’s (and subrecipient(s) if applicable) financial management structure**

**34) Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** Choose an item. **34a) If yes, please describe the unresolved monitoring or audit findings**

**Housing First**

**35) Will the proposed project follow a Housing First approach? Yes  No**

**36) Does the project enroll program participants who have the following barriers? Select all that apply:**

**Having too little or little income:**

**Active or history of substance abuse:**

**Having a criminal record with exceptions for state-mandated restrictions:**

**History of victimization:**

**None of the above:**

**37) Does the project prevent program participants’ termination from the project for the following reasons? Select all that apply:**

**Failure to participate in supportive services:**

**Failure to make progress on a service plan:**

**Loss of income or failure to improve income:**

**Any other activity not covered in a lease agreement typically found for unassisted person in the project’s geographic area:**

**None of the above:**

**38) Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes  No**

**38a) If yes, explain how and why the project will implement this requirement.**

**39) Will more than 16 persons live in a single structure? Yes  No**

**39a) If yes, describe the local market conditions that necessitate a project of this size**

**39b) If yes, describe how the project will be integrated into the neighborhood**

**Housing Type and Location**

**40) Bed/Unit Inventory Summary - Permanent Supportive Housing, Safe Haven, Rapid Rehousing Only:**

**Total units available:** Click or tap here to enter text.

**Total beds available:** Click or tap here to enter text.

**Total dedicated chronic beds available (if applicable):** Click or tap here to enter text.

**41) Bed/Unit Inventory Summary - Joint Temporary Housing-Rapid Rehousing Only:**

**Total TH units available:** Click or tap here to enter text.

**Total TH beds available:** Click or tap here to enter text.

**Total RRH units available:** Click or tap here to enter text.

**Total RRH beds available:** Click or tap here to enter text.

**Overall total Joint TH-RRH units available:** Click or tap here to enter text.

**Overall total Joint TH-RRH beds available:** Click or tap here to enter text.

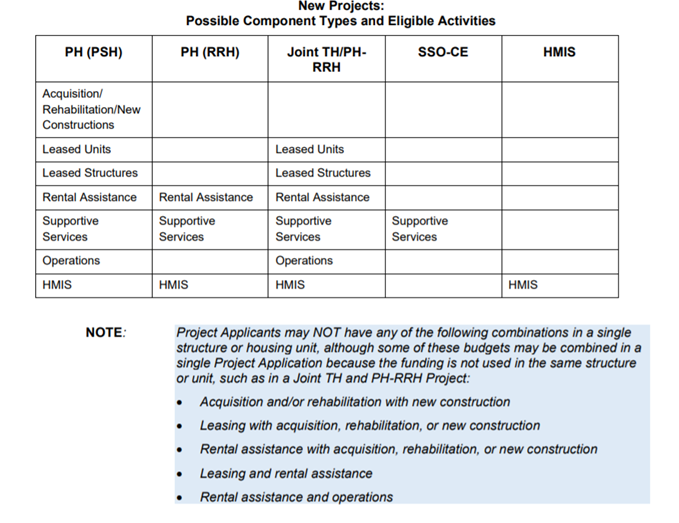
**42) What is the funding source for all units and beds?** Choose an item.

**42a) If selecting “mixed funding” or “other”, please list the specific funding sources:**

Click or tap here to enter text.

**Funding Request**

**New project applicants must request funding for eligible projects as described on page 1 and ensure funding is requested for eligible activities as directed in the FY 2021 CoC Program NOFO.**



**43) Given possible component types and eligible activities for renewal projects listed on page 14, please select the costs for which funding is being requested from list below:**

**Leased Units  
 Leased Structures  
 Rental Assistance  
 Supportive Services  
 Operating  
 HMIS**

**Table A - New Project Budget Summary – complete table for 1 year grant term**

|  |  |
| --- | --- |
| **Eligible Costs** | **Total Assistance Requested for 1 year Grant Term** |
| **1a. Leased Units** | **$0** |
| **1b. Leased Structures** | **$0** |
| **2. Rental Assistance** | **$0** |
| **3. Supportive Services** | **$0** |
| **4. Operating** | **$0** |
| **5. HMIS** | **$0** |
| **6. Sub-total Costs Requested (1-6)** |  |
| **7. Admin (Up to 10%)** | **$0** |
| **8. Total Assistance Plus Admin Requested** | **$0** |
| **9. Cash Match** | **$0** |
| **10. In-Kind Match** | **$0** |
| **11. Total Match** | **$0** |
| **12. Total Budget** | **$0** |

**Match  
  
The total value of the sum of "Cash Match" and "In-Kind Match" must equal 25 percent of the total amount requested for all activities except for leased units and leased structures, but including administration costs. If a project applicant proposes "In-Kind" as a source of match, before grant execution, services to be provided by a third party must be documented by an MOU between the recipient or subrecipient and the third party that will provide the services.**

**The MOU for In-Kind Match be uploaded as an attachment with a new project application if In-Kind Match is a source of match for the proposed project.**

**44a) Total Value of Cash Commitments:** Click or tap here to enter text. **44b) Total Value of In-Kind Commitments:** Click or tap here to enter text. **44c) Total Value of All Commitments:** Click or tap here to enter text.

**44d) Calculate total value of “Cash Match” + “In-Kind Match” =** Click or tap here to enter text.

**443) Calculate 25% of the total amount requested for all activities except for leased units and leased structures, but including administration costs =** Click or tap here to enter text.

**45) Does this project propose to allocate funds according to an indirect cost rate? : Yes\*:  No:**

**\*Applicants with an approved indirect cost rate must attach a copy of the approval with this application**

**Table B – Indirect Cost Rate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Indirect Cost Rate** | **Direct Cost Base** | **Date approved or enter “NA” if Using 10% de minimis rate** |
|  |  |  |  |
|  |  |  |  |

**46) Has this rate been approved by your cognizant agency? Yes:  No:**

**47) Do you plan to use the 10% de minimis rate? Yes:  No:**

**Table C - Match Summary Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Match** | **Source of Match** | **Contributor** | **Value of Commitments** |
| *\*For example: Cash* | *Private* | *Grant* | *$42,000* |
|  |  |  |  |
|  |  |  |  |

**48) Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?   
Yes:  No:**

**48a) Briefly describe the source of the program income:** Click or tap here to enter text.

**49) Provide estimate of amount of program income that will be used as Match for this project:** Click or tap here to enter text.

**50) Is the applicant delinquent on any Federal debt? : Yes:  No:   
 50a) If yes, please explain:**

**51) For new project applicants that are currently operating renewal CoC projects, did you have a balance of 25% or greater for any of your most recently completed CoC (second+ year) renewal grants at operating year end date + 90 days?**

**Yes:  No:**

***Budget Detail – Complete All Applicable Budget Tables***

**Table D - Leased Units Budget**

**If including costs for leased units, complete table below accounting for FY 2020 Milwaukee-Waukesha-West Allis, WI FMR.**

**Total Annual Assistance Requested:** Click or tap here to enter text. **Grant Term:** Click or tap here to enter text. **Total Request for Grant Term:** Click or tap here to enter text. **Total Units:** Click or tap here to enter text. **Leased Units Annual Budget Detail:**

|  |  |  |
| --- | --- | --- |
| **Size of Units** | **# of Units** | **Total Request (Applicant)** |
| **SRO** |  |  |
| **1 bdrm** |  |  |
| **2 bdrm** |  |  |
| **3 bdrm** |  |  |
| **4 bdrm** |  |  |
| **5 bdrm** |  |  |
| **6 bdrm** |  |  |
| **7 bdrm** |  |  |
| **8 bdrm** |  |  |
| **9 bdrm** |  |  |
| **Total Units & Total Annual Assistance Requested** |  |  |
| **Grant Term** |  | **1 year** |
| **Total Request for Grant Term** |  | **$0** |

**Table E- Rental Assistance Budget**

**If including costs for rental assistance, complete table below accounting for FY 2020 Milwaukee-Waukesha-West Allis, WI FMR.**

**Total Request for Grant Term:** Click or tap here to enter text. **Total Units:** Click or tap here to enter text. **Does the applicant request rental assistance for less than the area’s per unit size fair market rents?   
Yes:  No:   
  
Rental Assistance Budget Detail:**

|  |  |  |
| --- | --- | --- |
| **Size of**  **Units** | **# of Units (Applicant)** | **Total Request (Applicant)** |
| **SRO** |  |  |
| **0 Bdrm** |  |  |
| **1 Bdrm** |  |  |
| **2 Bdrm** |  |  |
| **3 Bdrm** |  |  |
| **4 Bdrm** |  |  |
| **5 Bdrm** |  |  |
| **6 Bdrm** |  |  |
| **7 Bdrm** |  |  |
| **8 Bdrm** |  |  |
| **9 Bdrm** |  |  |
| **Total Units and Annual Assistance Requested** |  |  |
| **Grant Term** |  | **1 year** |
| **Total Request for Grant Term** |  |  |

**Table F - Supportive Services Budget Detail – A quantity AND description must be entered for each requested cost.**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** | **Annual Assistance Requested** |
| 1. **Assessment of Service Needs** |  |  |
| 1. **Assistance with Moving Costs** |  |  |
| 1. **Case Management** |  |  |
| 1. **Child Care** |  |  |
| 1. **Education Services** |  |  |
| 1. **Employment Assistance** |  |  |
| 1. **Food** |  |  |
| 1. **Housing/Counseling Services** |  |  |
| 1. **Legal Services** |  |  |
| 1. **Life Skills** |  |  |
| 1. **Mental Health Services** |  |  |
| 1. **Outpatient Health Services** |  |  |
| 1. **Outreach Services** |  |  |
| 1. **Substance Abuse Treatment Services** |  |  |
| 1. **Transportation** |  |  |
| 1. **Utility Deposits** |  |  |
| 1. **Operating Costs** |  |  |
| **Total Annual Assistance Requested** | | **$0** |
| **Grant Term** | | **1 year** |
| **Total Request for Grant Term** | | **$0** |

**Table G - Operating Budget Detail: A quantity AND description must be entered for each requested cost.**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** | **Annual Assistance Requested** |
| 1. **Maintenance/Repair** |  |  |
| 1. **Property Taxes and Insurance** |  |  |
| 1. **Replacement Reserve** |  |  |
| 1. **Building Security** |  |  |
| 1. **Electricity, Gas, and Water** |  |  |
| 1. **Furniture** |  |  |
| 1. **Equipment (lease, buy)** |  |  |
| **Total Annual Assistance Requsted** | | **$0** |
| **Grant Term** | | **1 year** |
| **Total Request for Grant Term** | | **$0** |

**Racial Equity**

**The following 3 questions are required, but for information-gathering purposes only in the FY 2021 CoC Program Competition. Scores will not be assigned to responses to these 3 questions. Milwaukee CoC may use information gathered to rate projects in future competitions.**

1. **What percentage of applicant staff members identify as Black, Indigenous, or Person of Color?** Click or tap here to enter text.
2. **How will this project proposed and its practices work against systemic racism and other structures of oppression?**
3. **How will this program be culturally responsive to the needs of population(s) who participate?**

**New Project Application Attachment Checklist:**

**Attachment of proof of nonprofit status for nonprofit applicants**

**Attachment of proof of nonprofit status for nonprofit subrecipients  
  
 Attachment of applicant and subrecipient MOU (if applicable due to subawards)  
  
 Attachment of written, signed commitment from a healthcare organization (if applying for permanent supportive housing/rapid rehousing bonus with formal partnership from a healthcare organization)**

**Attachment of written letters of commitment, contracts, or other formal written documents that demonstrate the number or non-ESG or non-CoC subsidies or units being provided to support the project (if applying for permanent supportive housing/rapid rehousing bonus leveraging other housing subsidies)**

**Attachment of a report to public or private funders or academic research documenting measurable improvements in safety for individuals and/or families experiencing Category 4 homelessness or survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking and/or attachment of aggregate data generated from comparable database to HMIS documenting measurable improvements in safety for individuals and/or families experiencing Category 4 homelessness (if applying for domestic violence bonus)  
   
 Attachment of aggregate agency-level data from the database comparable to HMIS, documenting how many participants served by the applicant were experiencing housing instability and how many of those experiencing housing instability had positive housing outcomes while receiving services from the applicant (if applying for domestic violence bonus as Victim Service Provider using database comparable to HMIS)**

**MOU for In-Kind Match**

**Approval of Indirect Cost Rate**

**Optional attachment (Bonus opportunity applicants only) that use HMIS but are not CoC funded: HMIS reports from 10/1/2019 – 9/30/2020 that document 1 of the following: number of permanent housing destination exits, increase in income (total income, or earned income) or returns to homelessness will receive bonus points on their new project application score if their outcome is higher than 50% of all CoC renewal projects’ outcomes ranked highest to lowest for that criteria**

**Export of PDF application in eSNAPS**