**Thank you for continuing to apply for Continuum of Care funding and supporting Milwaukee’s efforts to end homelessness. All renewal project applicants are advised to review 24 CFR part 578, the FY 2021 CoC Program Competition Notice, detailed instructions, and navigational guides to ensure applications are complete and meet HUD requirements. All applicants importing FY 2019 renewal project application into the FY 2021 renewal project application in eSNAPS are advised to carefully review information imported for accuracy and updates. 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.  
  
Applicants are responsible for completing all required fields in the Intent to Apply form, and all required fields in the eSNAPS renewal project application. Information required to be submitted in eSNAPS and available for review in eSNAPS renewal project application 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**

**Applications are expected to be complete, accurate, and true to the best of the knowledge of the applicant. Signed certification of this expectation and confirmed agreement to comply with any resulting terms if the applicant accepts an award are both required by HUD and the Milwaukee Continuum of Care as documented in the project application submission in eSNAPS.**

**Different sections of the renewal project application apply to different applicants depending on project type. Applicability of each question may vary depending on the applicant’s unique circumstances:**

* **All renewal project applicants should complete questions on pages 1-6.**
* **Permanent Supportive Housing, Rapid Rehousing, Joint Temporary Housing-Rapid Rehousing, Safe Haven renewal project applicants should complete questions on pages 1-13.**
* **Services Only-Coordinated Entry Only renewal project applicants should complete questions on pages 1-6, and 14-16.**
* **HMIS renewal project applicants should complete questions on pages 1-6 and page 17.**
* **An application attachment checklist can be found on page 18 for all applicants.**

**Completed application forms and PDF exports of project applications in eSNAPS must be sent to both Rafael Acevedo (**[**racevedo@milwaukee.gov**](mailto:racevedo@milwaukee.gov)**) and Claire Shanahan (**[**cshana@milwaukee.gov**](mailto:cshana@milwaukee.gov)**) no later than 4:45 PM Friday, October 1st, 2021.**

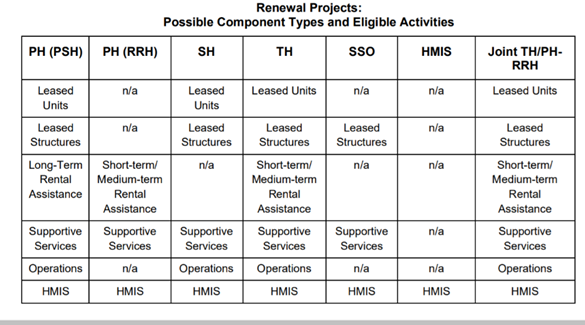
***Renewal Project Applicant Information – All Renewal Applicants***

**Name of Agency Applying:** Click or tap here to enter text. **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 Requested: Click or tap here to enter text.  
Most Recently Awarded Grant Number:** 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 name, phone number, email address  
1.** Click or tap here to enter text. **2.** Click or tap here to enter text.

**Proposed Project Operating Start and End Date as indicated on CoC’s final Grant Inventory Worksheet:**

*Click or tap to enter a start date* **to** *Click or tap to enter an end date*

***Funding Request and Financial Information – All Renewal Project Applicants***

****

**1) Given possible component types and eligible activities for renewal projects in table above, please select the costs for which funding is being requested:**

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

**Table A - Renewal Project Budget Summary – complete table**

|  |  |
| --- | --- |
| **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 – Required for All Applicants*  
  
Note: 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 can be uploaded as an attachment with your project application (preferred) or submitted to HUD prior to grant execution.**

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

**3) 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.

**4) Total Value of Cash Commitments:** Click or tap here to enter text. **5) Total Value of In-Kind Commitments:** Click or tap here to enter text. **6) Total Value of All Commitments:** Click or tap here to enter text.

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

**\*Applicants with an approved indirect cost rate must submit 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** |
|  |  |  |  |
|  |  |  |  |

**7a) If allocating funds according to an indirect cost rate, has this rate been approved by your cognizant agency? Yes:  No:**

**7b) 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* |
|  |  |  |  |
|  |  |  |  |

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

**-8a) If yes, briefly describe the source of the program income:** Click or tap here to enter text.

**-8b) Provide estimate of amount of program income that will be used as Match for this project:** Click or tap here to enter text.

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

**10) Is this applicant requesting an Expansion of this project?   
 *Note: Expansions will submit a stand-alone renewal application and a stand-alone new application. All renewal projects that are part of an expansion or consolidation 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 (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS) as the expansion.***

**Yes – standalone renewal application in a new grant expansion:    
No:**

**10a) Total number of grants in expansion:** Click or tap here to enter text. **10b) Total requested amount in expansion:** Click or tap here to enter text.

**11) Is this project requesting a Consolidation of this project?**

***Note: Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive and the renewal application(s) that will terminate. Up to 10 grants may be included in a consolidation. All renewal projects that are part of an expansion or consolidation 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 (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, SSO-CE or HMIS) as the expansion.***

**Yes – individual application in a renewal grant consolidation:    
No:**

**-11a) If yes – individual application in surviving grant, is this individual application for the surviving grant or terminating grant?** *Choose an item.*

**-11b) Total number of grants in consolidation:** Click or tap here to enter text. **-11c) Total requested amount in consolidation:** Click or tap here to enter text. **-11d) Terminating grant project name:** Click or tap here to enter text. **-11e) Terminating grant grant number:** Click or tap here to enter text.

**Acceptance of Local Requirements  
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 and provide timely communication with Coordinated Entry administrators to indicate and fill vacancies in the project, 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. Please acknowledge that you accept all of the above requirements below.**

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

**Subrecipients  
  
12) Will the applicant have a subrecipient or subrecipients? Yes  No**

**13) Total number of expected subawards:** Click or tap here to enter text.

**14) 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.
3. **Is the subrecipient a faith-based organization?: Yes  No**
4. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/Local agency?: Yes  No**
5. **Subrecipient 9-digit Tax ID Number:** Click or tap here to enter text.
6. **Subrecipient's 9-digit DUNS number (or 13-digit number, if applicable).:** Click or tap here to enter text.
7. **Subrecipient's address, city, State, and zip code:** Click or tap here to enter text.
8. **Subrecipient contact person name, phone number, email address:** Click or tap here to enter text.

**Note: Milwaukee CoC requires renewal 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.**

**Permanent Supportive Housing, Rapid Rehousing, Joint Temporary Housing-Rapid Rehousing, Safe Haven Only**

**15) Project description: Provide a description that addresses the entire scope of the proposed project:**

**16) 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)**

**17) Will the project proposed be making any changes from the FY 2019 project application to the composition type of households and/or subpopulations to be served? Yes  No**

**17a) If yes, please describe changes in type of household served and/or subpopulations to be served and reason for changes:**

**18) For renewal permanent supportive housing only – is the proposed project dedicated plus or 100% dedicated chronic?** *Choose an item.*

**19) Which vulnerabilities of project participants does 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**

**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.

**20) Are total units and total beds consistent with FY 2021 Grant Inventory Worksheet, approved grant amendment, or approved grant agreement? Yes  No**

**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.

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

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

**Housing First and Supportive Services – for Permanent Supportive Housing, Safe Haven, Joint Temporary Housing-Rapid Rehousing, Rapid Rehousing Only:**

**21) Does the applicant follow a Housing First approach? Yes  No**

**21a) Please describe your effort to move project participants quickly into housing including: applicable strategies executed by applicant, how services are provided to expedite housing placement, local partnerships, leveraging of resources, and community outreach/education:**

**22) 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:**

**23) 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:**

**24) Please describe applicant’s strategy to ensure ongoing housing stability for project participants including: specific service offerings offered by the project proposed to support housing stability, the applying agency’s approach to providing services, how the agency supports project staff in offering services as expected in a Housing First project, the applying agency’s collaborative work to foster partnerships conducive for projects to support program participants’ ongoing housing stability, efforts to mediate with landlords, and development of community partnerships:**

**25) Does the project include transportation assistance to mainstream benefits appointments, employment training, or jobs? Yes  No**

**26) Does the project complete the minimum of annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes  No**

**27) Do project participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes  No**

**28) Has the staff person providing technical assistance completed SOAR training in the past 24 months? Yes  No**

**29) Describe your agency’s efforts in preparing for and responding to the COVID-19 pandemic, and how these efforts have mitigated the spread of COVID-19 and lessened the risk of COVID-19 transmission, serious illness and hospitalization among project participants and program staff**

**Leased Units Budget**

**If including costs for leased units, complete table below accounting for FY 2020 Milwaukee-Waukesha-West Allis, WI FMR. Renewal applicants should verify that the budget information imported data is correct in eSNAPS (as approved in the most recent Grant Agreement or Grant Agreement as amended or with a reduction if the CoC reduced your renewal project budget in the local reallocation process). If it is not correct, you must edit the eSNAPS screen.**

**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**

|  |  |  |
| --- | --- | --- |
| **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** |

**Rental Assistance Budget**

**If including costs for rental assistance, complete table below accounting for FY 2020 Milwaukee-Waukesha-West Allis, WI FMR. Renewal applicants should verify that the budget information imported data is correct in eSNAPS (as approved in the most recent Grant Agreement or Grant Agreement as amended or with a reduction if the CoC reduced your renewal project budget in the local reallocation process). If it is not correct, you must edit the eSNAPS screen.**

**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** |  |  |

**Racial Equity**

**The following 3 questions are required, but asked of applicants for information-gathering purposes only in the FY 2021 CoC Program Competition. 2 bonus points will awarded to applicants completing the questions in demonstration of their commitment to advancing racial equity. Milwaukee CoC may use information gathered from applicants 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 project be culturally responsive to the needs of population(s) who participate?**

**Supportive Services Only-Coordinated Entry Only**

**1) Does the applicant follow a Housing First approach? Yes  No**

**2) 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:**

**3) 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:**

**4) Describe how the SSO-CE project supports enrollment of program participants who have housing barriers into Coordinated Entry and how the SSO-CE project prevents program participants’ termination from the project (for information only, not scored):  
  
5) Will the coordinated entry process cover the CoC’s entire geographic area? Yes  No**

**6) Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Yes  No**

**7) Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance (for information only, not scored):**

**8) Does the coordinated entry process use a comprehensive, standardized assessment process?**

**Yes  No**

**9) Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services (for information only, not scored):**

**10) If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited to only the following groups: adults without children; adults accompanied by children; unaccompanied youth; households fleeing domestic violence, dating violence, sexual assault, stalking and other dangerous or life-threatening conditions (including human trafficking); and persons at risk of homelessness? Yes  No**

**11) Does this coordinated entry project refer persons experiencing homelessness to projects that specifically coordinate and integrate mainstream health, social services, and employment programs to program participants for which they may be eligible? Yes  No**

**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.**

**12. What percentage of applicant staff members identify as Black, Indigenous, or Person of Color?** Click or tap here to enter text.

**13. How does the project proposed and its practices work against systemic racism and other structures of oppression?**

**14. How is this program culturally responsive to the needs of population(s) who participate?**

**HMIS Only**

**1) Provide a description that addresses the entire scope of the proposed project (for information only, not scored):**

**2) Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? Yes  No**

**3) If no, explain why and the planned steps for correction (for information only, not scored):  
  
4) Does the HMIS produce all HUD-required reports and provide data needed for HUD reporting?**

**Yes  No**

**4a) If no, explain why and planned steps for correction (for information only, not scored):**

**Racial Equity – for information gathering only, not scored:  
5) What percentage of applicant staff members identify as Black, Indigenous, or Person of Color?** Click or tap here to enter text.

**Renewal 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)**

**MOU for In-Kind Match**

**Approval of Indirect Cost Rate**

**Export of PDF application in eSNAPS**