

## **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 FY 2014 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- 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 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, the FY 2013 – FY 2014 CoC Program NOFA, and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- 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 24 CFR Part 578 and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 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 HUD Exchange:  
<https://www.hudexchange.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: 10/30/2014

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 screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

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

**8. Applicant**

**a. Legal Name:** Legal Action of WI, Inc,

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1077192

|  |                                |           |               |  |
|--|--------------------------------|-----------|---------------|--|
|  | <b>c. Organizational DUNS:</b> | 078952942 | PL<br>US<br>4 |  |
|--|--------------------------------|-----------|---------------|--|

**d. Address**

**Street 1:** 4900 Spring Street, Suite 100

**Street 2:**

**City:** Racine

**County:** Racine

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 53406

**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:** Gai  
**Middle Name:** A  
**Last Name:** Lorenzen  
**Suffix:**  
**Title:** Managing Attorney  
**Organizational Affiliation:** Legal Action of WI, Inc,  
**Telephone Number:** (262) 635-8836  
**Extension:**  
**Fax Number:** (262) 635-8838  
**Email:** gal@legalaction.org

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD 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-5800-N-30

**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 screen. 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 estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.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:** Racine CoC Planning Initiative

**16. Congressional District(s):**

a. **Applicant:** WI-001

b. **Project:** WI-001

(for multiple selections hold CTRL+Key)

**17. Proposed Project**

a. **Start Date:** 07/01/2015

b. **End Date:** 06/30/2016

**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](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 HUD Exchange:  
<https://www.hudexchange.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 – FY 2014 CoC Program NOFA (Section VI.A.1.b), FY 2014 Funding Notice and e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen 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 HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 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:** Gai

**Middle Name:** A

**Last Name:** Lorenzen

**Suffix:**

**Title:** Managing Attorney

**Telephone Number:** (262) 635-8836  
**(Format: 123-456-7890)**

**Fax Number:** (262) 635-8838  
**(Format: 123-456-7890)**

**Email:** gal@legalaction.org

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

**Date Signed:** 10/30/2014

## 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. 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 HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1a. CoC Number and Name:** WI-502 - Racine City & County CoC

**1b. Collaborative Applicant Name:** Legal Action of WI, Inc.

**2. Project Name:** Racine CoC Planning Initiative

**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 as well as the associated planning activities at 24 CFR 578.39.

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 HUD Resource Exchange:  
<https://www.hudexchange.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 Continuum of Care for the City and County of Racine, U.A. is recognized as a legal entity in the State of Wisconsin. It is a small CoC and has no staff support. The responsibilities of the CoC are performed by volunteer members of the organization. The membership has made some progress toward fulfilling the responsibilities of the CoC as set forth in the CoC interim rule, but without paid staff or a consultant the CoC believes it will not efficiently or quickly make progress that is needed. The funding would be used to leverage other funds to support a CoC Coordinator. The responsibilities of the CoC Coordinator would be day to day oversight of operations, HMIS, planning and resource development. Duties associated with operations would include attending regular CoC meetings, committee participation, monitor compliance with the governance charter and organizational bylaws, participate in monitoring of CoC and ESG funded projects, evaluate CoC and ESG project performance, ensure compliance with coordinated assessment and written standards. HMIS duties would include monitoring participation in HMIS, review the privacy, security and data quality plan for the selected HMIS, ensure that HMIS is in compliance with HUD and CoC standards. Planning responsibilities include system coordination, point in time, gaps analysis, Consolidated Plan review and input, coordination with ESG jurisdiction, and preparation of State and City of Racine applications, and the CoC Collaborative Application. Resource development would include identifying and arranging training opportunities for the CoC and pursuing funding opportunities to ensure sustainability of the CoC.

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

Upon notification that the project will be funded, the CoC will begin recruitment efforts. Within 2 months of execution of the contract the CoC Coordinator will be selected. The project will be overseen by the Collaborative Applicant (Legal Action of Wisconsin) and the Board of the CoC. Milestones and performance measures will be implemented, and will be reported on monthly. The overall strategic plan will be reviewed annually by the Board and CoC Coordinator.

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

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.

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

These funds will be used to leverage funding sources including the Racine Community Fund and the United Way of Racine County.

### 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. Please review 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 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.

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 screen will populate the Screen "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:    | \$0     |
| Total Value of In-Kind Commitments: | \$4,029 |
| Total Value of All Commitments:     | \$4,029 |

#### Summary for Leverage

|                                     |          |
|-------------------------------------|----------|
| Total Value of Cash Commitments:    | \$0      |
| Total Value of In-Kind Commitments: | \$32,250 |
| Total Value of All Commitments:     | \$32,250 |

| <b>Match/<br/>Leverage</b> | <b>Type</b> | <b>Source</b> | <b>Contributor</b>      | <b>Date of<br/>Commitment</b> | <b>Value of<br/>Commitments</b> |
|----------------------------|-------------|---------------|-------------------------|-------------------------------|---------------------------------|
| Match                      | In-Kind     | Government    | AmeriCorps VISTA<br>... | 10/15/2014                    | \$4,029                         |
| Leverage                   | In-Kind     | Government    | Americorps VISTA<br>... | 10/15/2014                    | \$32,250                        |

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** In-Kind
- 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)** AmeriCorps VISTA support
- 5. Date of Written Commitment:** 10/15/2014
- 6. Value of Written Commitment:** \$4,029

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 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)** Americorps VISTA support
- 5. Date of Written Commitment:** 10/15/2014
- 6. Value of Written Commitment:** \$32,250



## 3B. Funding Request

### Instructions:

Is it feasible for the project to be under grant agreement by September 30, 2016: 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, 2016. The FY 2014 HUD Appropriations Act requires HUD to obligate FY 2014 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 Screen "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 Screen "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 Screen "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 HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will it be feasible for the project to be under grant agreement by September 30, 2016?** 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<br>(max 400 characters)     | Annual Assistance Requested (Applicant) |
|---|--|---|
| <b>1. Coordination Activities</b>                               | .09 FTE salary and benefits, mileage .55 x 290 miles | \$5,915                                 |
| <b>2. Project Evaluation</b>                                    |  |   |
| <b>3. Project Monitoring Activities</b>                         | .04 FTE salary and benefits                          | \$2,550                                 |
| <b>4. Participation in the Consolidated Plan</b>                | .04 FTE salary and benefits                          | \$2,550                                 |
| <b>5. CoC Application Activities</b>                            | .04 FTE salary and benefits                          | \$2,550                                 |
| <b>6. Determining Geographical Area to Be Served by the CoC</b> |  |   |
| <b>7. Developing a CoC System</b>                               |  |   |
| <b>8. HUD Compliance Activities</b>                             | .04 FTE salary and benefits                          | \$2,550                                 |
| <b>Total Costs Requested</b>                                    |  | \$16,115                                |
| <b>Cash Match</b>   |  | \$0                                     |
| <b>In-Kind Match</b>  |  | \$4,029                                 |
| <b>Total Match</b>  |  | \$4,029                                 |
| <b>Total Budget</b>   |  | \$20,144                                |

**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:** Gai Lorenzen  
**Date:** 10/30/2014  
**Title:** Managing Attorney  
**Applicant Organization:** Legal Action of WI, 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      |
|--------------------------------------|-------------------|
| <b>1A. Application Type</b>          | No Input Required |
| <b>1B. Legal Applicant</b>           | No Input Required |
| <b>1C. Application Details</b>       | No Input Required |
| <b>1D. Congressional District(s)</b> | 10/30/2014        |
| <b>1E. Compliance</b>                | 10/30/2014        |
| <b>1F. Declaration</b>               | 10/30/2014        |
| <b>2A. Project Detail</b>            | 10/30/2014        |
| <b>2B. Description</b>               | 10/30/2014        |
| <b>3A. Match/Leverage</b>            | 10/30/2014        |
| <b>3B. Funding Request</b>           | 10/30/2014        |
| <b>4A. Attachment(s)</b>             | No Input Required |
| <b>4B. Certification</b>             | 10/30/2014        |