

City of La Crosse

Planning and Development

**CDBG Cares Grants (Homelessness or Child Care)**

Deadline: 7/7/2020

Independent Living Resources, Inc.

## Independent Living Resources Homelessness Outreach

Jump to: [Pre-Application](#) [Application Questions](#) [Budget Summary](#) [Documents](#)

**\$ 73,758.00** Requested

Submitted: 7/2/2020 10:55:53 AM (Pacific)

### Project Contact

Kathie Knoble-Iverson

[tracy@ilresources.org](mailto:tracy@ilresources.org)

Tel: 608-787-1111

### Additional Contacts

none entered

### Independent Living Resources, Inc.

4439 Mormon Coulee Rd.

La Crosse, WI 54601

### Executive Director

Kathie Knoble-Iverson

[kathie.ki@ilresources.org](mailto:kathie.ki@ilresources.org)

Telephone 608-787-1111

Fax 608-787-1114

Web [www.ilresources.org](http://www.ilresources.org)

EIN 39-1762026

DUNS 941008898

SAM Expires 6/15/2018

## Pre-Application [top](#)

### 1. Please select your eligibility as an applicant

*You are not a qualified applicant if your organization does not meet one of these descriptions. "Licensed" means certified by a third-party agency, like the Department of Children and Families or by the Institute for Community Alliances.*

- ☒ Homelessness Agency who is an HMIS Licensed User AND previous CDBG recipient
- ☐ Homeless agency, willing to obtain an HMIS License, and previous CDBG recipient
- ☐ For-Profit Licensed Child Care Center
- ☐ Non-profit organization, providing licensed child care services
- ☐ Non-profit organization, providing licensed school age care
- ☐ Certified family child care provider
- ☐ Licensed family care provider

### 2. If you are a non-profit, does your organization receive an independent audit every year or independent financial review?

- ☒ We are independently audited
- ☐ We are not independently audited but have another type of independent financial review, explain more in #10
- ☐ No, we are a for-profit business that provides licensed child care
- ☐ No, please explain in #10

### 3. Describe your organization's accounting procedures (budgeting, cash management, processing payments) and software or systems used for accounting.

*Write N/A if you are a privately owned child care business with a capacity of 35 or less students.*

Independent Living Resources, Inc. has various procedures; see attached Financial Management Procedures document.

### 4. Describe your agency's (fiscal agents) system of internal controls to prevent waste, fraud, and abuse of proposed funds. Second, describe the role of your board of directors.

*Write N/A if you are a privately owned child care business with a capacity of 35 or less students*

The Financial Coordinator monitors all financial transactions and either the ED or AD authorizes all purchases or petty cash requisitions. The FC records all purchases within the accounting software. Finances are reviewed by the Executive Director monthly. Financials are presented to the Board of Directors every two months at a board meeting and they receive a copy of

the financials via email or mail in the intervening months. An accounting firm monitors our books on a quarterly basis.

**5. Will CDBG grant be managed in a separate or segregated account?**

*These grant funds must be tracked separately from other accounts for purposes of tracking the grant funds.*

- ☒ Yes, we are familiar with managing grant funds in a separate account
- ☐ No, we are a private organization
- ☐ Unsure, we have never managed grant funds in a segregated account before.

**6. Do you have a drug-free workplace policy?**

- ☒ Yes
- ☐ No
- ☐ No, but willing to put in place a policy.

**7. Does your agency have a non-discrimination service policy?**

- ☒ Yes
- ☐ No
- ☐ No, but willing to put in place a policy.

**8. Does your agency have written policies and procedures for the homeless program, child care, or after school care program, in which you are applying for funds?**

*Note: This is not your employee handbook, it's your "program policies". Your agency will be required to attach a copy of your policies and procedures upon completion of application.*

- ☒ Yes
- ☐ No, please explain in Question # 10.

**9. Do you track household income of people enrolled in your services? If yes, please explain how.**

Yes, we track household income for all consumers located inside of the city of La Crosse to report outcomes for the CDBG grant through the Coulee Collaborative to End Homelessness. Additionally, we track income on our internal documentation database.

**10. If you wish to explain any responses, you may also do so here.**

*You must answer this question in order to successfully submit.*

*-no answer-*

**11. Are your services located in the City of La Crosse?**

*Please note that the Town of Shelby or the Town of Campbell have city of La Crosse addresses but are not in the City of La Crosse. You are not eligible to apply if you cannot answer yes to this question.*

- ☒ Yes
- ☐ No

## Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #2.

## PROJECT SUMMARY

### 1. SUMMARIZE YOUR REQUEST FOR GRANT FUNDS

*1) What will you use this grant for? 2) Where are the services located? 3) Who will benefit and how? 4) Why are these funds important for your organization/business to receive? 5) How will the funds help you respond to or prepare for Covid-19?*

The Outreach team provides street outreach activities that connect people who are living on the streets or who are illegally camping in community parks or other spaces not meant for human habitation to any necessary emergency medical or mental health services as well as shelter, and housing search and placement services. The service area includes the Coulee Continuum of Care (Crawford, La Crosse, Monroe, and Vernon counties) but focuses its work primarily on the City of La Crosse as that is where the homeless population is the densest. In 2019, 806 individuals experienced homelessness in the Coulee Continuum of Care. Funding from the CDBG CARES funding made available by the City of La Crosse will enable ILR to hire an additional Team member to be able to provide more robust efforts including assisting community health workers in monitoring the health and well-being and accelerate housing placement of those living on the streets.

## 2. What type of project are you applying for?

*If your project meets more than one priority, select the best fit.*

- ☐ Housing homeless households and providing case management
- ☒ Conducting street outreach to homeless individuals
- ☐ Providing child care services for children younger than 5
- ☐ Providing school age care services (summer or after school)

## NATIONAL OBJECTIVE

### 3. Please select which option describes how your project meets a Community Development Block Grant (CDBG) National Objective.

*80% County Median Income, Household Size \$49,200 (family of 2); \$55,350 (family of 3); \$61,450 (family of 4); \$66,400 (family of 5); \$71,300 (family of 6)*

- ☒ Limited Clientele: Activities will ONLY benefit homeless persons (HUD definition)
- ☐ 51% or more of enrolled children come from households that make less than the household income levels described above
- ☐ The nature of the child care services and location (low-income neighborhood) mean that 51% of the households served can be assumed to be low-income
- ☐ Children served are not low-income but this grant will help meet an Urgent Community Need
- ☐ Unsure, please explain in question #24

## ORGANIZATIONAL CAPACITY

### 4. Please describe your organization or business and the services that you provide. How long have you been in business and how many people do you serve? What types of programs or services does your organization? What are unique aspects of your services? Describe the experience, qualifications, and background of your organization's staff and leadership.

Independent Living Resources, Inc. (ILR) is a community-based nonprofit Independent Living Center that opened in 1994 with a 13-county service area. We provide 5 core services of information & referral, advocacy, skill training, peer support & transition services. ILR also does benefits assessments, employment services, home modification & AT assessments, & mental health/substance abuse disorder services. In our last program year, ILR: opened 637 files, responded to 6190 I&R calls & supported over 525 people at our mental health drop-in center (approx. 37% are homeless). Unique aspects of ILR services include; consumer directed, all ILR staff and 72% of ILR's Board of Directors live with a disability. Most of our staff have at least a 2-year degree; the ED and AD have Master's degrees & have been with the agency for a total of 37 years. The supervisor has a Bachelor degree, 7 years with ILR & 20 years as a supervisor. All staff have experience working with people with disabilities.

## NEED AND COVID-19 RESPONSE

### 5. Please describe how this grant will help your child care business prepare for or respond to Covid-19?

*-answer not presented because of the answer to #2-*

### 6. How has Covid-19 had a negative impact on your child care business? What has been the decline in revenues (be specific)? How does supporting your child care business help the entire La Crosse community better respond to Covid-19? How does helping your business improve the health and welfare of the community?

*-answer not presented because of the answer to #2-*

### 7. How will the homeless services that you provide help the La Crosse community respond to Covid-19? Why is there an urgent need for this project, in light of the Covid-19 pandemic?

*Not applicable to child care applicants*

To effectively end homelessness in La Crosse, it is necessary to provide hands-on assistance to individuals in finding affordable housing options and make solid connections to the supports they will need to maintain this housing. People would not be congregating/sleeping in public areas such as parks, encampments, or around public buildings. Homelessness has enormous impact on the health and well-being of individuals and families. It can pose a tremendous barrier in obtaining much needed healthcare which is critical for all humans during this pandemic. There is urgency in providing services as the community's tolerance is growing thin which directly leads to police involvement. Homelessness is then seen as a danger to the community rather than a lack of response to a social issue.

## PERFORMANCE METRICS

### 8. Please enter your expected performance numbers below.

Please mark "0" or "N/A" if this does not apply. Please note, only enter in numbers that you can reasonably expect to complete as these will be part of your performance objectives in your contract with the City. Not applicable to child care.

<input type="text"/>	Number of people living in shelter that will receive case management services
<input type="text" value="120"/>	Number of people living on the street that will receive case management services
<input type="text" value="20"/>	Of total number served, number of people that will successfully be housed
<input type="text" value="8"/>	Of total number served, number of people that will successfully be enrolled in Social Security Benefits, County Services, etc.
<input type="text" value="18"/>	Of total number served, estimated number of single, chronically homeless households served
<input type="text" value="3"/>	Of total number served, estimated number of households, with children served
<input type="text" value="169.00"/>	<b>TOTAL</b>

### 9. Please enter numbers for each category below.

-answer not presented because of the answer to #2-

## STAFFING

### 10. Please answer the following questions related to staff that will be paid as a result of this grant.

LMI Income Definition (Annual Income and Household Size) \$43,050 (household (HH) of 1) \$49,200 (HH of 2); \$55,350 (HH of 3); \$61,450 (HH of 4); \$66,400 (HH of 5); \$71,300 (HH of 6)

<input type="text" value="1 FTE"/>	Number of people that will be employed and directly providing services as a result of this grant
<input type="text" value="1 FTE"/>	Of total, number of employees that are from a Low-Moderate Income Households (see above)
<input type="text" value="0"/>	Of total, number of employees that are a Racial or Ethnic Minority
<input type="text" value="N/A"/>	N/A
<input type="text" value="0.00"/>	<b>TOTAL</b>

### 11. Please describe the qualifications and resume of the case manager that will be hired as a result of this grant. Has this person already been hired? If yes, what is their background and experience, salary? If not, what will be the minimum qualifications and the salary? How many hours will they dedicate to this position and what will their caseload be?

*Not applicable to child care grant applications*

A current staff person with lived experience, a dual degree in Psychology and Women's Studies, and 8 months experience with ILR as an Independent Living Specialist will fill this position if funded. The full-time position starts at \$18/hour plus \$2/hour of hazard pay (\$20/hour) and works 37.5 hours per week. The position will work with 8-12 people providing outreach and case management services at any given time.

### 12. How will data on performance be collected and tracked in the Homeless Information Services System (HMIS)? Describe how staff will be trained to use the HMIS system. Describe how individuals will be selected and prioritized to received case management and rental assistance as a result of this program.

*If not currently users of HMIS, please describe steps to license. This question is not applicable to child care grant applicants.*

Current Outreach Team members have been trained by the Institute of Community Alliances (ICA) to use the WI HMIS, Service Point, and currently record Outreach and Housing Navigation activities. New staff will be trained using the training process from ICA. Individuals and families that are literally homeless will be prioritized to receive services. Team members will work with other homeless service providers in the community to assist with their housing efforts in a collaborative effort.

### 13. What other sources of funding does your organization have available to support rental assistance for people served by this project? For what length of time? After the rental assistance "runs out", how will the individual continue to remain sustainably housed? How will you collaborate with other organizations on this project, be specific.

*Not applicable to child care service applicants.*

N/A

### 14. The target population that this project will serve, is likely to have many barriers to housing. This might include criminal background, drug/alcohol addiction, mental health etc. What is your organization's success with helping people overcome these barriers? What steps will you take to ensure individuals funded through this program will

**be successful in their housing? How will you work with the landlord and tenant to resolve any issues?**

*Be specific and use examples. Not applicable to child care applicants.*

ILR has a great reputation in the housing world. We are strong, skilled, and creative problem solvers who are tenacious and in for the long haul to secure housing for consumers with barriers. Staff also are strong collaborators, so they have contacts to help overcome barriers to housing. ILR will provide case management through the entire process. If a person needs more long-term supports to be successful, staff will work to connect them to a long-term community-based program.

**15. There is a low supply of quality and affordable rental housing in La Crosse. What steps will your project take to overcome these barriers?**

*Write N/A if this does not apply to your project.*

ILR staff have established strong relationships with multiple landlords, housing authorities, and other service providers. We also serve 12 other counties and can often find housing in Monroe, Vernon, or Crawford Counties if the person is willing to move to another county. A shortage of quality affordable housing has been an issue in La Crosse for years so it's nothing new to us.

**16. Answer the following related to the cost per household served**

*No symbols please. Total costs should match your budget. Please disregard the total that will automatically appear at the bottom.*

73758	Total grant funds requested from City of La Crosse
120	Total Number of People Served (Children + Staff OR homeless households)
614.65	Cost per Beneficiary/Household Assisted (City funds/ total household assisted)
74,492.65	<b>TOTAL</b>

**17. Are you receiving or do you plan to apply for any other types of funding to support this homeless program or your child care center or after-school program? What is the total dollar amount and what will you use the funds for? How will you avoid duplication of benefits for the City funds and other funds that you receive?**

*You will also be asked to provide this information under the Budget Tab. The Budget tab is required for organizations requesting more than \$5000. Examples of other sources of funds are: HUD ESG, Paycheck Protection Program, DCF/Wisconsin grants, LCF)*

ILR has funding from FSPA, CDBG, Hub, and Untied Way. Some is tagged only for prevention & the rest is to provide outreach & housing navigation for people with disabilities who are homeless.

100,000 FSPA/25,000 CDBG/ 30,000 ESG

These funds support 2.5 Outreach Workers La Crosse's Collaborative to end homelessness, do weekly case conference meetings and also have a site to document who is working with whom so there is never a duplication of services.

**18. What is the total dollar amount that you are requesting? What will you use grant funds for from the City of La Crosse? What will you use other funds from state/local/federal funding to pay for?**

*Please note: If you are requesting more than \$5000 in funding, you are required to complete a budget summary tab on this application. If you are requesting less than \$5000, you are not required to complete the budget summary tab.*

Total Request is for \$73,758

CDBG funds will be used to support 1 FTE/Outreach Specialist and all the expenses to provide wages, benefits, office space, training, necessary PPE, equipment, internet, phones, supplies and ongoing supervision. Other secured funds will support our current staff 2 FTE/Outreach Specialists.

## INSURANCE

**19. In the spaces below, provide the expiration date and amount next to each insurance instrument. If government agency, type N/A below.**

*Note: boxes below are limited to 10 characters. The following date format is required: Month (First three letters). Year (four digits). Example Nov 2014. Please disregard the total that will automatically appear at the bottom.*

June 2021	General Liability (Date i.e. Oct 2017)
\$2,000,000	General Liability (Amount)
2,000,000.00	<b>TOTAL</b>

**20. Does your Organization have any outstanding legal issues, does it have any unpaid taxes or owed debts to the City (such as water bills or property taxes) or unresolved audit findings? Has your business ever had a license revoked?**

*If so, please attach a document to this application that explains why and a copy of the audit or legal issues.*

☐ Yes

☒ No

## ACKNOWLEDGEMENT

**21. I am authorized to represent my organization. I agree that if the project does not proceed according to the established timeline, the CDBG Committee will rescind the funding. All statements made in the pre-application and application are true.**

*Pursuant to 18 USC § 1001, 31 USC § 3729, et seq., 24 CFR Part 28, false or fraudulent statements or claims are subject to up to 5 years imprisonment and civil penalties up to \$10,000 plus up to 3 times the amount of damages sustained by the Govnt*

☒ Yes, I agree to these terms. All statements are true.

☐ No, I do not agree to these terms.

**22. I understand that as part of this grant, my Agency will allow City staff to accompany an HQS inspection or have City staff perform rental unit inspection to ensure it meets City of La Crosse minimum standards for being suitable environment for safe and healthy living. Landlord name/ property address shall also be released to City to ensure property is not on a chronic nuisance list or has outstanding orders to correct. This is for any beneficiary that receives rental assistance from agency, as part of this program.**

*Not applicable to child care grant applications*

☒ Yes, I understand

☐ No, I do not agree to this provision and will provide additional information in the question below

☐ Not Applicable (N/A)

**23. Is there any other explanation you will like to add to any of the questions above? Is there anything else you will like to share with the Staff about the importance of these grant funds for your business or organization?**

Please see the "Letters of Support" for Cost Allocation and Procedure for Finances documents

## Budget Summary [top](#)

Covid-19 Relief Grant Funds	Committed	Non-Committed
Staff Wages and Benefits	\$ 51,658.00	
Administrative Costs (Administrative Staff/Overhead)	\$ 9,620.00	
Rent and Utilities	\$ 700.00	
Personal Protective Equipment / Covid-19 related expenses	\$ 1,000.00	
Equipment: Surface Tablet, Cell & Office Phones	\$ 2,380.00	
Insurance-Gen. Liability	\$ 1,100.00	
Audit	\$ 400.00	
Computer Services	\$ 1,800.00	
Travel	\$ 4,800.00	
Training	\$ 300.00	
<b>Total</b>	<b>\$ 73,758.00</b>	<b>\$ 0.00</b>

## Budget Summary Narrative

All expenses will be covered by CDBG-COVID 19 Relief Funds. The funds will pay for one full time staff (Outreach Specialist) and weekly supervision (12% of supervisor expenses) and all the benefits offered at ILR: FICA, workers comp., Dental, Health, Life, Long and Short-Term Disability insurance, and EAP. The position will also be receiving a \$2.00/hr hazard pay increase for the duration of the year. The position will have an office at ILR with a telephone and PC computer. They will also have a work cell phone and Surface tablet for documentation, research, and Coordinated Entry paperwork in the field. ILR will have an assigned vehicle with all necessary PPE to do outreach activities. The Outreach Specialist will participate in one conference/training during the 12 months to enhance their ability to provide outreach services.

## Documents [top](#)

### Documents Requested \*

Copy of IRS 990 or Federal Tax Schedule C Form or personal tax return (if in-home child care business)

### Required? Attached Documents \*

☒ [990](#)

Articles of Incorporation or Business Operating Agreement (not applicable to in-home child care but required form for all other applicants. In-home child care applicants should upload a document that states Not Applicable)



[Articles of Incorporation](#)

List of Board of Directors (Required document for non-profit applicants. For private child care, need to upload a document that says not applicable.)

[List of BOD](#)

Completed and Signed W-9 Form  
[download template](#)



[W-9](#)

Letters of support (optional)

[Procedure for Finances](#)

[Cost Allocations](#)

\* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 217556

Become a [fan of ZoomGrants™](#) on Facebook  
Problems? Contact us at [Questions@ZoomGrants.com](mailto:Questions@ZoomGrants.com)  
©2002-2020 GrantAnalyst.com. All rights reserved.  
"ZoomGrants" and the ZoomGrants logo are trademarks of GrantAnalyst.com, LLC.  
[Logout](#) | [Browser](#)