

City of La Crosse  
Planning and Development  
**CDBG Cares Grants (Homelessness or Child Care)**  
Deadline: 7/7/2020

Couleecap, Inc.  
**Couleecap's Rapid Rehousing Program**

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**\$ 80,000.00** Requested

Submitted: 6/25/2020 12:35:12 PM (Pacific)

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DUNS 092780121  
SAM Expires 7/10/2018

**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.*

Budgets are approved by CFO. Budgets are submitted with grant applications and drive expenditures. Payments processed through Purchase Orders. Funds drawn down quarterly based on actuals. Couleecap's accounting software is Microsoft Dynamics GP.

**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*

See 2019 CDBG Supportive Housing Application for answers in this section. Couleecap has internal controls in place. Couleecap has a Financial Procedures Manual that guides practice. See answer about Board of Directors in number 10.

**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.**

Couleecap determines if the household is eligible for assistance based on income levels. For the Rapid Rehousing

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

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

Board of directors approves financial policy, delegates financial duties to Admin staff, reviews operations. Board reviews financial reports/budgets for programs. Board of Directors reviews and accepts annual audit results.

**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?*

Couleecap is requesting \$80,000 for the purpose of providing case management services to Rapid Rehousing tenants for 18 months. The services will be located primarily within the City of La Crosse, however, tenants may choose their own housing locations, and therefore, some units may land in other municipalities in La Crosse County. Beneficiaries will be individuals or families who are currently literally homeless: in shelter or living on the street. Case management services will allow Couleecap to provide support to individuals in housing search and subsequent case management supports after housing is secured. If Couleecap is the recipient of these funds, it will allow the agency to offer more of their ESG Rapid Rehousing funds directly to housing assistance, instead of using a portion of the funds for case management, thereby allowing the agency to serve more individuals in need. The funds will help those who were homeless during COVID, and reducing the need for shelter locally.

**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 proving 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.**

Couleecap is a private, non-profit organization in its 54th year of providing services to low income households in a four county service area in the Coulee Region. We make a difference in the lives of people by empowering people to achieve their potential, promoting social and economic justice, serving as a catalyst for change, and strengthening families and communities. We currently implement more than 50 contracts in major service areas such as housing, emergency assistance, food security, and business development. Couleecap has been providing supportive housing programs to the community since 1989. In total, Couleecap provides between 90 and 100 units of homeless housing in a four county area on any given day. Couleecap is looked to as a leader in providing homeless and homeless prevention services in the community and in providing leadership in the battle to end homelessness in the City of La Crosse. Couleecap staff, in total have over 40 years of experience in homeless programs.

## 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*

Since the beginning of COVID-19, there has been significant issues in providing enough shelter for those experiencing homelessness. This has left many people on the streets, around 40, who have been unable to enter shelter and have nowhere else to go. There is an urgent need for housing services that effectively move people from homelessness to housing in this community. Couleecap intends to meet some of those needs with this Rapid Rehousing Program. The urgency in getting this program off the ground quickly has to do with the impending seasons of fall and winter, where locally, it is anticipated there will be the same capacity issues in shelter as have been earlier in the year. If people can get into housing that is supported and meets their needs, this will reduce the need for shelter.

## 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" value="5"/>	Number of people living in shelter that will receive case management services
<input type="text" value="5"/>	Number of people living on the street that will receive case management services
<input type="text" value="10"/>	Of total number served, number of people that will successfully be housed
<input type="text" value="10"/>	Of total number served, number of people that will successfully be enrolled in Social Security Benefits, County Services, etc.
<input type="text" value="10"/>	Of total number served, estimated number of single, chronically homeless households served
<input type="text" value="2"/>	Of total number served, estimated number of households, with children served
<input type="text" value="42.00"/>	<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"/>	Number of people that will be employed and directly providing services as a result of this grant
<input type="text" value="0"/>	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="0"/>	N/A
<input type="text" value="1.00"/>	<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*

If awarded this grant, Couleecap would have to hire a case manager. The qualifications of case managers are: Bachelor's Degree in a Human Services Field preferred experience working with those who are homeless and/or living with a mental health disorder. Couleecap's program manager of this position has over 20 years experience with the agency and in the provision of homeless services. The case manager position is a .8 FTE. Salary is competitive, starting at \$39,562 with full benefits.

**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.*

Couleecap utilizes Wisconsin ServicePoint, which is an HMIS, to track program data. Couleecap has licensed users on staff and currently a data completeness score of 100%. Couleecap will utilize the Coordinated Entry/Prioritization List to select households for this program. Those who are at the top of the list and most in need are served first. Couleecap is also the Coordinated Entry grantee for the COC and has extensive experience in using the system.

**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.*

Couleecap has access to \$50,000 in ESG funding for rental assistance for this project. Households may receive rental assistance for up to two years, and are assessed quarterly both for eligibility. During the time in the project, Couleecap works with tenants to apply for and secure alternative housing and supports. Couleecap collaborates well with all the member organizations in the COC, including county human services. Referrals will be made for all clients for mainstream resources.

**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.*

Couleecap has a long history of serving those with multiple barriers to access housing. At any one time, we are operating 90-100 units of housing. We have developed strong relationships with landlords who are willing to work with us. Case managers work with tenants, in their homes, at least weekly but sometimes more often. Case managers address landlord/tenant issues, budgeting, apartment maintenance, etc. Couleecap often resolves issues between landlords and tenants through negotiations.

**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.*

Couleecap has a standing inventory of landlords that we work with in our housing programs. We will utilize that resource along with rental searches using Craig's List, Apartment Connexion, and newspaper ads. Couleecap will assist the client along the way. Staff are able to negotiate rents with landlords when necessary. Couleecap staff are HQS Certified, and all units must pass a Housing Quality Standards Inspection before the unit can be rented.

**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.*

80000	Total grant funds requested from City of La Crosse
10	Total Number of People Served (Children + Staff OR homeless households)
8000	Cost per Beneficiary/Household Assisted (City funds/ total household assisted)
88,010.00	<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)*

Couleecap will be using ESG-CARES funds for the rental assistance, in the amount of \$50,000. Couleecap utilizes the Coordinated Entry System to offer program services to tenants. Tenants will not be enrolled in more than one housing program, as this is not allowable by our funders. Therefore, City of La Crosse funds will solely be utilized to support the households enrolled in the ESG Rapid Rehousing Program.

**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.*

Couleecap is requesting \$80,000 from the City of La Crosse to provide case management services to those households newly enrolled in the Rapid Rehousing Program. The rental payments for these households will be provided through ESG Rapid Rehousing Funds in the amount of \$50,000. If a household lives outside of the city limits, that household may utilize a State TBRA voucher, therefore allowing us to serve more households.

## 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.

Dec 2020 General Liability (Date i.e. Oct 2017)

1,000,000 General Liability (Amount)

1,000,000.00 TOTAL

**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?**

If Couleecap receives the CDBG funding from the City of La Crosse, it will allow us to provide \$50,000 in rental assistance. If the funds are not received, Couleecap will have to split the funding in order to provide case management out of the ESG funds, thereby reducing the number of households we would be able to provide for in rental assistance.

## Budget Summary [top](#)

Covid-19 Relief Grant Funds	Committed	Non-Committed
Staff Wages and Benefits	\$ 0.00	\$ 61,229.08
Administrative Costs (Administrative Staff/Overhead)	\$ 0.00	\$ 8,000.00
Rent and Utilities	\$ 50,000.00	\$ 0.00
Personal Protective Equipment / Covid-19 related expenses	\$ 0.00	\$ 0.00
Classroom Supplies	\$ 0.00	\$ 0.00
Motel Vouchers	\$ 0.00	\$ 0.00
3-months of rental assistance	\$ 0.00	\$ 0.00
Other Describe: Travel	\$ 0.00	\$ 525.00
Other Describe: postage, copies, supplies, insurance	\$ 0.00	\$ 1,000.00
Other: IT, data processing, phone, space	\$ 0.00	\$ 9,245.92
<b>Total</b>	<b>\$ 50,000.00</b>	<b>\$ 80,000.00</b>

## Budget Summary Narrative

Staff Salaries/Fringe: include salary and fringe for case managers, program managers, administrative staff.

Administrative: include salary and costs for Administrative staff and services

Travel: includes mileage for program staff to visit and support tenants

Other: Postage, copies, supplies, insurance: postage and copies for program related materials. Insurance is general liability insurance for the program, pro-rated

Other: IT, data processing, phone, space: costs related to IT and data processing for payroll, phone and space for program use, pro-rated

## 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 \*



[Couleecap 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)



[Couleecap 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.)

[Couleecap Board of Directors](#)

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



[Couleecap w-9](#)

Letters of support (optional)

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

Application ID: 211544

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