



Recovery Voucher Grant Program

*Helping people diagnosed
with Opioid Use Disorder
find safe interim housing*

Application

Grant Year 2023

**State of Wisconsin
Department of Administration
Division of Energy, Housing**

Contents

RECOVERY VOUCHER GRANT PROGRAM APPLICATION.....	2
APPLICATION DEADLINE:.....	2
Applicant Information:.....	2
Applicant Eligibility:.....	4
Project Needs Statement:.....	4
Client Eligibility:.....	5
Budget & Estimated Clients Served:.....	5
Financial Management & Accountability:.....	6
Practices, Policies, Procedures & Documentation:.....	6
Racial Equity:.....	9
Assurances for Recovery Voucher Grant Program.....	12

RECOVERY VOUCHER GRANT PROGRAM APPLICATION

Grant Year: 2023

APPLICATION DEADLINE:

Applications are due by email at 11:59 pm on October 7, 2022 to the following email address
DOASupportiveHousing@wisconsin.gov

Applicant Information:

Please fill out the following information about your agency:

Name of the Applicant Agency	
Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address) Payable To	
Physical Address of Primary Office	
UEI Number	
Type of Organization (501c3, Government Entity etc.)	
Please attach proof from SAM.gov that the applicant is not in a period of debarment, suspension or ineligible status (has no active exclusions).	Attached? ☐ Yes ☐ No
Applicant's HUD-recognized Continuum of Care (CoC) and Local Coalition (if applicable)	CoC: Local Coalition (if applicable):
Applicant's RV Program Manager or Primary Point of Contact for the RV Program	
a. Name	
b. Title	
c. Phone Number	

d. Email	
Applicant's Official Authorized to Sign Application and Contract	
a. Name	
b. Title	
c. Phone Number	
d. Email	
e. Signature & Date (digital signatures are accepted)	
Client Referral Contact Information for the RV Program	
a. Name	
b. Title	
c. Phone Number	
d. Email	
e. Agency Website	

Applicant Eligibility:

Please answer the following questions:

Question:	Answer:
1. Is your agency a member of their HUD-recognized Continuum of Care (CoC)/local coalition (LC)?	☐ Yes ☐ No
2. Is your agency registered with SAM.gov and can you show proof of non-debarment/not having any active exclusions?	☐ Yes ☐ No
3. Does your agency have an active HMIS subscription?	☐ Yes ☐ No
4. Is your agency willing to be a RV grant administrator acting as a centralized resource for the RV grant program for your CoC/LC partners and organizations by accepting client referrals, entering clients into the program, and working with recovery residences to place clients?	☐ Yes ☐ No
5. Is there a DHS recognized recovery residence within your agency's service region? <i>**A list of DHS recognized recovery residences can be found at: DHS Recognized Recovery Residence Registry</i>	☐ Yes ☐ No
6. Is your agency a recovery residence or does your agency have a recovery residence?	☐ Yes ☐ No

If the answer was “no” to questions 1-5 your agency **is not eligible** for the RV grant program. If the answer was “yes” to question 6 your agency will have to request an exception from the RV Grant Specialist in order to be eligible.

Project Needs Statement:

Please describe the nature and scope of how your agency will manage the recovery vouchers in your CoC/LC service area by answering the following questions. Please use data, information or examples to support each statement when possible.

7. What is your agency's experience in administering rent assistance/voucher programs? Please explain your process and the procedures your agency follows.

--

-
8. What is your agency's capability to be a centralized resource (administrator) for your CoC/LC partners and other organizations to refer clients to for recovery voucher access? How will your agency increase awareness of the program?

Client Eligibility:

9. Please describe how your agency will assess and document a client's eligibility. Please be specific and describe how both key criteria will be addressed:
1. Opioid use disorder (OUD) diagnosis or receiving treatment for OUD within the past 12-months and
 2. HUD Category 1, 2, 4 homelessness.

Budget & Estimated Clients Served:

Grantees are encouraged to submit a budget at the maximum award size (\$100,000). As a reminder the RV grant program has two types of funds:

Program Funds for Recovery Residence Vouchers:

Program funds can be used to provide vouchers for beds within DHS recognized recovery residences. These vouchers can cover security deposits (if applicable) and monthly rent for up to 24-months per client. Rates charged to the RV grant program must be consistent or less than rates charged for non-assisted beds (beds not supported by the RV grant program) and under the RV Maximum Allowable Rate. The RV Maximum Allowable Rate is 135% of the [Fair Market Rate \(FMR\)](#) for Single-Room Occupancy (SRO) units within the area where the recovery residence is located. The SRO unit rate is calculated as 75% of the FMR of an efficiency unit. To calculate the RV Maximum Allowable Rate for your area, follow the below formula:

$$\text{Efficiency FMR} * 75\% * 135\% = \text{RV Maximum Allowable Rate}$$

See the program manual for additional information.

Administrative Funds:

Applicants can request up to 10% of their award be administrative funds but can also request less or none. The percentage allocation between program funds and administrative funds will be specified in the grantee's contract.

A tool to help your agency estimate the potential amount your agency can spend can be found on the [DEHCR website](#) in the Helpful Links, Resources & Tools section.

10. Your Agency's Budget Request: (maximum \$100K)

Budget Categories	RV Grant Funds Request
Program Funds for Recovery Vouchers	\$
Administrative Costs (up to 10% of total award)	\$
Total	\$

11. Please explain your agency's rationale for requesting the above amount.

12. Estimated Clients Served:

What is the number of unduplicated, distinct individuals your agency could serve annually with these funds?

Number: _____

Financial Management & Accountability:

Maintaining clear records and tracking each funding source separately is required by DEHCR. Please answer the following questions:

13. Please describe how your agency tracks each funding source, each source's associated requirements and what mechanisms ensure control and accountability.

Practices, Policies, Procedures & Documentation:

The following practices, policies, procedures and documentation of such are required of each grantee and may be reviewed during yearly monitoring. **Please answer whether your agency has the following.**

Practices, Policies, Procedures & Documentation	Answers
---	---------

14. Accessibility Practices/Resources: Each grantee should have resources and practices in place to communicate with all potential beneficiaries including those with limited or no English. Further, facilities and programming should be accessible to people with disabilities including, but not limited to, people with vision loss, hearing loss, physical/mobility concerns, and learning disabilities.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
15. Client Termination Policy: To terminate assistance to a client, the grantee must establish and follow their formal specific RV process termination process with the following requirements: • Grantees must document the provision of the termination policy to the client. • Grantees may terminate assistance if a client violates the rules of the program. • Grantees must establish and follow a formal process that recognizes individual rights. • Grantees must allow termination in only the most severe cases. • Grantees must establish a formal process that includes a written notice to the client containing a clear statement of the reasons for termination, opportunity to have decision reviewed, in which the client is given the opportunity to present objections before a person other than the person who made or approved the termination decision and a prompt written notice of the final decision to the client. • Grantees may provide assistance to a client who has been terminated from a program at a later date.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
16. Confidential, Proprietary and Personally Identifiable Information Policy: All grantees must develop and implement written procedures to ensure: • All records containing personally identifying information of any person or family who applies for and/or receives assistance will be kept secure and confidential. • The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted will not be made public except with written authorization of the person responsible for the operation of the shelter. • Grantees must develop and implement procedures to ensure the confidentiality of records pertaining to any person provided family violence prevention or treatment services under any project assisted, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter. • The use or disclosure by any party of any information concerning eligible individuals who receive services for any purpose not connected with the administration of the program is prohibited except with the informed, written consent of the eligible individual or the individual's legal guardian.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create

If there is a disclosure of confidential information outside of the above guidelines the agency will notify the contracting or granting agency (DEHCR) within 5 business days.	
17. Drug Free Workplace Policy: Each grantee is required to have a Drug Free Workplace Policy and procedures to carry out the policy. The policy must include that the contracting or granting agency (DEHCR) will be notified within 10 days after the grantee receives notice that a covered employee (an employee supported with RV funds) has been convicted of a criminal drug violation in the workplace.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
18. Equal Access Policies & Procedures: The grantee is expected to have policies and procedures to ensure equal access to services regardless of sexual orientation, gender identity, family composition or marital status. The Grantee cannot require third party documentation such as birth certificates or photo identification as a condition of receiving services.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
19. Non-Discrimination Policy for Clients & Employees: Each grantee must have a policy expressing discrimination against clients and employees based on based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, physical condition, disability, age (40 or older) or genetic information (including family medical history) is illegal and will not be tolerated. The policy should outline a way for clients and employees to report discrimination, and potential repercussions.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
20. No Required Faith Based Activities Or Religious Influence: All RV funded activities must be administered in a manner that is free from religious influences and in accordance with the following principles. - Grantees must not discriminate against any employee or applicant for employment and must not limit employment or give preference in employment to persons based on religion. - Grantees must not discriminate against any person applying for shelter or services and must not limit shelter or services or give preference to persons based on religion. - Grantees must provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing and exert no other religious influence in the provision of programs or services funded under the RV grant program. - If a grantee conducts these activities, the activities must be offered separately in time or location from the programs or services funded under the RV grant program, and participation must be voluntary for RV program participants.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
21. Process to Ensure Client Eligibility: All grantees must have a process in place to screen clients to ensure eligibility.	☐ Yes

	☐ No, will create if awarded ☐ No, will NOT create
22. Recordkeeping and Retention: Grantees must retain all program files, financial documents, and records (including client files) for a minimum of six (6) years after the contract period ends. All files must be available for review or audit upon request from DEHCR, DHS or the Legislative Audit Bureau (LAB). Often the turnaround for file requests is short; therefore, files must be readily accessible so they can be provided to DEHCR, DHS or LAB within the timeframe requested.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
23. Recovery Residence Location: If a client cannot be served at a recovery residence within the boundaries of the grantee's territory, the client may be served at a recovery residence outside of the grantee's territory if the client agrees. The client's recovery voucher may either be provided by original grantee, or the client can be referred to the grantee that is providing recovery vouchers for the territory the recovery residence is in.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create
24. Recovery Residence Stay Agreements: For each client placed in a recovery residence the grantee must sign an agreement with the recovery residence where the client will be staying. This agreement must include the following elements: 1. Outline of the costs including but not limited to the monthly rate, and security deposit (if applicable) and payment terms. The security deposit is to be returned to the grantee minus any applicable charges at the end of the client's stay. <u>Statement that the rate charged is the same or less than the rate charged for beds not in the RV grant program.</u> 2. Acknowledgement a bed may be held for a client that is a "no-show" for a maximum of 30 days if the recovery residence chooses to do so. 3. Statement that if the client's term ends within the first 15 days of the month, the recovery residence is to return half the amount of that month's voucher. 4. Requirement the recovery residence inform the grantee if there are any issues with the client to help prevent client being asked to leave the recovery residence. If the client is asked to leave the recovery residence that the grantee will be immediately informed (within 48 hours) and preferably before eviction/termination whenever possible. 5. Requirement the client be required by the recovery residence to sign a form attesting to the fact they have received the policies and procedures of the recovery residence including their termination policy. The recovery residence must share this signed form and a copy of their policies and procedures with the grantee. 6. Requirement the recovery residence share where the client is exiting to if known.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create

7. Encouragement the recovery residence follows best practices and not immediately evict someone if they relapse.	
25. Residency: The grantee shall not require homeless individuals or families to be residents of the state or locality to receive shelter and support services, nor shall the grantee set differing allowed lengths of stay based on whether a homeless individual or family are residents of the state or locality.	☐ Yes ☐ No, will create if awarded ☐ No, will NOT create

Racial Equity:

DEHCR is dedicated to increasing racial equity across the State of Wisconsin and particularly doing so in all programs receiving DEHCR administrated funds. Please answer the following questions:

Questions	Answers
26. What percentage of your agency's service territory population is BIPOC (Black, Indigenous, People of Color)?	
27. What percentage of your agency's clients are BIPOC?	

28. What strategies does your agency employ to ensure services are racially equitable for your region?

Please complete chart below.

Question: Does your agency agree with the following statements?	Answer
29. The coalition and/or agencies are expanding outreach to higher concentrations of underrepresented groups.	☐ Yes ☐ No
30. The coalition and/or agencies have communication (flyers, websites, other materials) inclusive of underrepresented persons.	☐ Yes ☐ No

31. The coalition and/or agencies are training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	☐ Yes ☐ No
32. The coalition and/or agencies are establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	☐ Yes ☐ No
33. The coalition and/or agencies have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	☐ Yes ☐ No
34. The coalition and/or agencies are educating stakeholders, board of directors, and funders on the topic of creating greater racial and ethnic diversity.	☐ Yes ☐ No
35. The coalition and/or agencies are collecting data to better understand the pattern of program use for people of different races and ethnicities.	☐ Yes ☐ No
36. The coalition and/or agencies are conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	☐ Yes ☐ No

37. How will this program and its practices be culturally responsive to the population(s) who participate?

Assurances for Recovery Voucher Grant Program

_____(Name of Applicant Agency) **HEREBY
AGREES THAT IT WILL COMPLY WITH THE FOLLOWING ASSURANCES:**

1. The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the Applicant, authorizing the execution of this agreement, including all understandings and assurances contained therein, and authorizing the Authorized Official to act in connection with the Applicant and to provide such additional information as may be required.
2. Funds received under this grant program will be used to provide services to eligible recipients who are homeless.
3. Persons receiving vouchers will not be required to be a resident of the state or locality and will not be required to participate in religious activity.
4. Information about recipients and applications will be kept confidential.
5. The applicant assures that it has sufficient fiscal control and funding accountability to adequately safeguard disbursement and accountability for funds awarded.

Date: _____ Applicant: _____

By: _____

Signature of Authorized Official

(Digital Signatures Accepted)