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

- 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 via 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 Fiscal Year (FY) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2014 Project Application will be imported into the FY 2015 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2014 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2015 CoC Program Competition 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: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: 
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 10/16/2015
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: SD0006L8T001406
    (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
    Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
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, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2015 Renewal Costs Project Application” from the left-menu bar.

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: Inter-Lakes Community Action Partnership

b. Employer/Taxpayer Identification Number (EIN/TIN):
   46-0282131

c. Organizational DUNS:

<table>
<thead>
<tr>
<th></th>
<th>102298288</th>
<th>PLUS 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Address
Street 1: 111 North Van Eps Avenue
Street 2: 
   City: Madison
   County: Lake
   State: South Dakota
   Country: United States
   Zip / Postal Code: 57042

e. Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Mr.
First Name: Steve
Middle Name:
Last Name: Stunes
Suffix:
Title: Director of Planning
Organizational Affiliation: Inter-Lakes Community Action Partnership
Telephone Number: (605) 256-6518
Extension:
Fax Number: (605) 256-2238
Email: sstunes@interlakescap.com
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2015 Renewal Costs Project Application” from the left-menu bar.

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-5900-N-25
   
   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 form. 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.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for 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/}

14. Area(s) affected by the project (State(s) only):
   South Dakota
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Heartland House Renewal

16. Congressional District(s):
   a. Applicant: SD-000
   (for multiple selections hold CTRL key)
   b. Project: SD-000
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2016
   b. End Date: 01/31/2017
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 Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](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 2015 CoC Program NOFA, and in the 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 Resource 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: X

21. Authorized Representative

Prefix: Mrs.
First Name: Cindy
Middle Name: 
Last Name: Dannenbring
Suffix: 
Title: Executive Director
Telephone Number: (605) 256-6518
(Format: 123-456-7890)
Fax Number: (605) 256-2238
(Format: 123-456-7890)
Email: cdannenbring@interlakescap.com

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

Date Signed: 10/16/2015
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select “Yes” or “No” from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If “No” is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select “Yes” or “No” from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select “Yes” or “No” from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If “No,” is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select “Yes” or “No” from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If “Yes,” is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. APR Submission

Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. HUD Monitoring Findings

Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Quarterly Drawdowns
Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Recaptured Funds

Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “9A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: SD0006L8T001406
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: SD-500 - South Dakota Statewide CoC

2b. CoC Collaborative Applicant Name: South Dakota Housing Development Authority

3. Project Name: Heartland House Renewal
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:
ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. If a coordinated entry process does not exist in the CoC or if the project does not participate, select “No” and the following question will be visible:
- Please explain why your project does not participate in a CoC Coordinated Entry Process as required by 24 CFR part 578

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. The applicant must select “Yes” or “No” from the dropdown.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved FY 2015 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected HUD approved a change from leasing to rental assistance during the FY 2015 GIW process.

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.

Heartland House is a transitional housing program for homeless families with children in Sioux Falls, SD. The program provides housing for 35 families with children in one, two and three-bedroom apartments, owned by Inter-Lakes Community Action Partnership (ICAP). Housing is combined with intensive family case management and associated services aimed at assisting the participants to move toward self-sufficiency and permanent housing.

2. Does your project participate in a CoC Coordinated Entry Process? Yes

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Other: Homeless families with children

4. Housing First

a. Does the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

<table>
<thead>
<tr>
<th>Having too little or no income</th>
<th>Active or history of substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Being a victim of domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Does the project follow a "Housing First" approach? No

5. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:
Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?  Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?  Yes

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
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<tr>
<td>Mental Health Services</td>
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<td></td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
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<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Please identify whether the project includes the following activities:

3a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  Yes
3b. Use of a single application form for four or more mainstream programs?  No

3c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  Yes

4. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Non-Dedicated CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>7</td>
<td>19</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>8</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>20</td>
<td>90</td>
<td>0</td>
<td>90</td>
</tr>
</tbody>
</table>

Total Units: 35
Total Beds: 129
Total Youth Beds: 0
4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If none of the beds are not dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "2c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 7
   b. Beds: 19

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth?

   4. Address:
      Street 1: 604 West Rice Street
      Street 2:
      City: Sioux Falls
      State: South Dakota
      ZIP Code: 57104

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   461518 Sioux Falls, 469099 Minnehaha County

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’S Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If none of the beds are not dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “2c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 8
   b. Beds: 20

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:
   Street 1: 608 West Rice Street
   Street 2: 
   City: Sioux Falls
   State: South Dakota
   ZIP Code: 57104

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   461518 Sioux Falls, 469099 Minnehaha County

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If none of the beds are not dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “2c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 20
   b. Beds: 90

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:
   Street 1: 3520 N. 4th Street
   Street 2: 
   City: Sioux Falls
   State: South Dakota
   ZIP Code: 57104

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   461518 Sioux Falls, 469099 Minnehaha County
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>32</td>
<td>3</td>
<td>0</td>
<td>35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Number 1</td>
<td>Number 2</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>20</td>
<td>2</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>14</td>
<td>1</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>134</td>
<td>3</td>
<td>137</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked. Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>4</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>19</td>
<td>1</td>
<td>5</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
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<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
Persons listed in the first chart may have non-severe mental illness. Persons listed in the second chart are not disabled.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD’s definition of homeless and the project type eligibility requirements.

AND/OR

If “Persons at imminent risk...” is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>10%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
</tbody>
</table>

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>4%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>75%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>11%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

2. If the total is less than 100 percent, identify how the persons meet HUD’s definition of homeless and the project type eligibility requirements AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

TH Program - persons who are losing their housing are required to provide written evidence of that upcoming loss and document that they have no support systems and have inadequate financial resources to procure housing. All documentation is verified and maintained in client files, in accordance with HUD requirements.
6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units and moved into another permanent housing situation. If transitional housing or a safe haven, only count persons who have exited your units/project and moved into a permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be “80%.”

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click ‘Save’ to calculate the target percent (%).

<table>
<thead>
<tr>
<th>Housing Measure</th>
<th>Target (#)</th>
<th>Universe (#)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.</td>
<td>42</td>
<td>70</td>
<td>60%</td>
</tr>
</tbody>
</table>
2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

<table>
<thead>
<tr>
<th>Income Measure</th>
<th>Target (#)</th>
<th>Universe (#)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.</td>
<td>24</td>
<td>40</td>
<td>60%</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b. Adults who increased their earned income as of the end of the operating year or project exit.</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
## 6B. Additional Performance Measures

### Instructions:

ALL PROJECTS EXCEPT HMIS; MANDATORY FOR SSO COORDINATED ENTRY

For each additional measure, fill in the blank cells according to the following instructions:

- **Performance Measure:** Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

- **Universe (#):** Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

- **Target (#):** Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

- **Target (%):** This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be “80%.”

- **Data Source:** (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

- **Specific data elements and formula proposed for calculating results:** This is a required field. Use the text field provided and be specific.

- **Rationale for why the proposed measure is an appropriate indicator of performance for this program:** This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

### Additional Resources

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Proposed Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation? This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Select a grant term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2015 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? Yes

Applicant: Inter-Lakes Community Action Partnership
Project: Heartland House Renewal

102298288
125822

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Page 41
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2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS X
7E. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2015 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>4 FTE Case Managers, .18 FTE supervisor</td>
<td>$164,944</td>
</tr>
<tr>
<td>4. Child Care</td>
<td>0 clients</td>
<td>$0</td>
</tr>
<tr>
<td>5. Education Services</td>
<td>0 clients</td>
<td>$0</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>0 clients</td>
<td>$0</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Inter-Lakes Community Action Partnership
Project: Heartland House Renewal

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<table>
<thead>
<tr>
<th>14. Substance Abuse Treatment Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Transportation</td>
<td>Taxi, bus, gas vouchers, case manager transporting clients</td>
</tr>
<tr>
<td></td>
<td>$1,430</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td><strong>$166,374</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td><strong>$166,374</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7F. Operating Budget

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2015 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2015 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

**Eligible Costs**

<table>
<thead>
<tr>
<th>Cost</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>35 units, .57 FTE maintenance person wages/fringe .02 FTE to oversee maintenance/repair of buildings</td>
<td>$70,716</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>35 units, 3 buildings</td>
<td>$12,322</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>35 units, 3 buildings</td>
<td>$45,000</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>35 units - appliances/furnishings</td>
<td>$2,476</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$130,514</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

---

**Applicant:** Inter-Lakes Community Action Partnership

**Project:** Heartland House Renewal

**10/16/2015**
Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2015 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on the “Funding Request” screen and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>4 FTE - minimal time</td>
<td>$954</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$954</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$954</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7H. Sources of Match/Leverage

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

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$79,843</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$79,843</td>
</tr>
</tbody>
</table>

### Summary for Leverage

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$18,546</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$29,858</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$48,404</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Match/ Leverage</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Match</td>
<td>Cash</td>
<td>Private</td>
<td>Sioux Empire Unit...</td>
<td>06/04/2015</td>
<td>$79,843</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Government</td>
<td>SDSU Extension Se...</td>
<td>10/06/2015</td>
<td>$7,000</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Private</td>
<td>Compass Center</td>
<td>10/07/2015</td>
<td>$7,392</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Private</td>
<td>East River Legal ...</td>
<td>10/09/2015</td>
<td>$6,000</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Private</td>
<td>Children's Inn</td>
<td>10/07/2015</td>
<td>$1,072</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Government</td>
<td>Sioux Falls Housi...</td>
<td>10/12/2015</td>
<td>$3,114</td>
</tr>
<tr>
<td>Leverage</td>
<td>Cash</td>
<td>Government</td>
<td>Minnehaha County</td>
<td>10/06/2015</td>
<td>$2,000</td>
</tr>
<tr>
<td>Leverage</td>
<td>Cash</td>
<td>Private</td>
<td>Sioux Empire Unit...</td>
<td>06/04/2015</td>
<td>$16,546</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Government</td>
<td>Minnehaha County</td>
<td>10/09/2015</td>
<td>$1,500</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Private</td>
<td>Sioux Empire Housi...</td>
<td>10/01/2015</td>
<td>$3,780</td>
</tr>
</tbody>
</table>
**Sources of Match/Leverage Detail**

**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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Sioux Empire United Way
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 06/04/2015
6. Value of Written Commitment: $79,843
Sources of Match/Leverage Detail

**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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: SDSU Extension Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/06/2015
6. Value of Written Commitment: $7,000
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I, Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Compass Center (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/07/2015
6. Value of Written Commitment: $7,392
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: East River Legal Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/09/2015
6. Value of Written Commitment: $6,000
**Sources of Match/Leverage Detail**

**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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Children’s Inn
5. Date of Written Commitment: 10/07/2015
6. Value of Written Commitment: $1,072
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Sioux Falls Housing and Redevelopment Commission
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/12/2015
6. Value of Written Commitment: $3,114
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Minnehaha County
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/06/2015
6. Value of Written Commitment: $2,000
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?
   Leverage

2. Type of Commitment:
   Cash

3. Type of Source:
   Private

4. Name the Source of the Commitment:
   (Be as specific as possible and include the office or grant program as applicable)
   Sioux Empire United Way

5. Date of Written Commitment:
   06/04/2015

6. Value of Written Commitment:
   $16,546
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I, Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Minnehaha County Homeless Adv. Board (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/09/2015

6. Value of Written Commitment: $1,500
Sources of Match/Leverage Detail

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 2015 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 (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) 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 “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Sioux Empire Housing Partnership
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/01/2015
6. Value of Written Commitment: $3,780
7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2015 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “7H. 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 “7H. 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 “7H. 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/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<tr>
<td>1a. Leased Units</td>
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<tr>
<td>1b. Leased Structures</td>
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<tr>
<td>2. Rental Assistance</td>
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Renewal Project Application FY2015

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10/16/2015
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tr>
<td>3</td>
<td>Supportive Services</td>
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<td>Operating</td>
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<td>HMIS</td>
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<td>Sub-total Costs Requested</td>
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<td>Admin (Up to 10%)</td>
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<td>8</td>
<td>Total Assistance plus Admin Requested</td>
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<td>Cash Match</td>
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<td>In-Kind Match</td>
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<td>Total Budget</td>
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</table>
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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<td>ICAP Nonprofit 2015</td>
<td>10/16/2015</td>
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<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Documentation</td>
<td>10/16/2015</td>
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<tr>
<td>3) Other Attachment</td>
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Attachment Details

Document Description: ICAP Nonprofit 2015

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: Heartland House leverage documentation
8B. 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. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Cindy Dannenbring

  **Date:**  10/16/2015

  **Title:**  Executive Director

  **Applicant Organization:**  Inter-Lakes Community Action Partnership
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).
# 9B Submission Summary

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<td>4B. Housing Type</td>
<td>10/09/2015</td>
</tr>
<tr>
<td>5A. Households</td>
<td>09/29/2015</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>09/30/2015</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>09/29/2015</td>
</tr>
<tr>
<td>6A. Standard</td>
<td>09/30/2015</td>
</tr>
<tr>
<td>6B. Additional Performance Measures</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Funding Request</td>
<td>09/29/2015</td>
</tr>
<tr>
<td>7E. Supp. Srvcs. Budget</td>
<td>10/16/2015</td>
</tr>
<tr>
<td>7F. Operating</td>
<td>10/16/2015</td>
</tr>
<tr>
<td>7G. HMIS Budget</td>
<td>09/29/2015</td>
</tr>
<tr>
<td>7H. Match/Leverage</td>
<td>10/16/2015</td>
</tr>
<tr>
<td>7I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>8A. Attachment(s)</td>
<td>10/16/2015</td>
</tr>
<tr>
<td>8B. Certification</td>
<td>09/30/2015</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This is in response to your letter of January 22, 2008, regarding your tax-exempt status. We received your Certificate of Amendment filed with the State of South Dakota November 20, 2006. We changed your name from Interlakes Community Action, Inc. to the name shown above.

Our records indicate that a determination letter was issued in March 1967 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Westcott
Manager, Exempt Organizations Determinations
Interlakes Community Action, Inc.
P.O. Box 285
Madison, South Dakota 57042

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name and address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to you or for your use are deductible for Federal estate and gift tax purposes under the provisions of sections 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to your District Director, as should any questions concerning excise, employment or other Federal taxes.

Your District Director is being advised of this action.

Every exempt organization is required to have an Employer Identification Number, regardless of whether it has any employees. This number should be entered in the designated space on all Federal returns filed and referred to on all correspondence with the Internal Revenue Service. If you do not have such a number, your District Director will take steps to see that one is issued to you at an early date.

This ruling is not applicable to your proposed nursing-home project for elderly residents. In the event that you decide to establish and operate a nursing home, it will be necessary that you advise your District Director of all the facts in order that a determination may be made as to the effect of such action on your exempt status.

Very truly yours,

[Signature]

Chief, Rulings Section,
Exempt Organizations Branch
Inter-Lakes Community Action Partnership (ICAP) receives matching funds for the Heartland House and Heartland 3 transitional housing programs from the Sioux Empire United Way. Applications for funding are submitted to United Way early in the calendar year (typically in January/February) for funding for the next calendar year (e.g. the application is submitted in January 2015 for calendar year 2016 funding). United Way announces awards in mid-year (typically June) contingent on the results of each year’s fund-raising campaign, which occurs in the fall of the year. (In the example above, the award letter is sent in June of 2015, and is contingent on the results of the 2015 fund-raising campaign). Final awards are announced later in the calendar year (typically in November/December).

ICAP’s award letter, dated June 4, 2015, announces the agency’s conditional award for the 2016 calendar year for the Heartland House and Heartland 3 grants. The total award for the year is $113,000. ICAP has chosen to allocate those funds thusly:

Heartland House

| Total: $96,389 | Cash Match: 79,843 | Cash Leverage: 16,546 |
June 4, 2015

Cindy Dannenbring
Inter-Lakes Community Action Partnership
111 N VanEps Ave.
PO Box 268
Madison, SD 57042-0268

Dear Cindy:

Sioux Empire United Way first and foremost would like to thank you for the services you provide to the community. We admire what your organization does to change the lives of people in the Sioux Empire, and we truly value our partnership. As always, we are appreciative of the efforts you and your staff members put forth during our allocations process.

United Way is grateful for the generosity of the Sioux Empire community, as we are sure your agency is as well. Our 99 volunteers, who donated over 1580 hours reviewing programs, once again had to make tough decisions. As always, the volunteers used the following criteria to prioritize their recommendations: community need, the impact and efficiency of each program, and the financial need for funding.

As a result, Sioux Empire United Way’s Board of Directors has established preliminary allocation decisions for 2016. Please note that the following amount is contingent upon United Way’s campaign reaching its goal.

HEARTLAND HOUSE: $113,000 Applied for $125,000
CHILD DEVELOPMENT CENTER: $ 50,000

The Basic Needs team continues to be impressed by the mission of the Heartland House Program and the way in which your organization operates. They were impressed by the outcomes presented and would like to continue learning more details about how the outcomes are tracked and compiled. In addition, please ensure the fundraising efforts specific to the Sioux Falls program are represented accordingly in the financials. The volunteers commend your dedicated staff for the work that is done each and every day.

The Childcare team continues to see the value in the services being provided to children at the Sioux Falls Center. Because of this program, not only are children being cared for in a safe and nurturing environment but the entire family receives much needed support. The volunteers were impressed with the strong strategic vision outlined within your strategic plan and look forward to seeing updates to this plan in future years.
We are confident that we will have a successful campaign this year; however, we continue to need your support. Whether it is by holding agency tours, speaking at company rallies, or having your employees assist with the campaign, please know that your participation is not only appreciated but essential. Also, please continue to promote your partnership with United Way by using our logo, promoting our partnership within your media pieces, and including United Way funds in your annual report and donor recognition materials.

United Way values the open communication we have with our partners. We encourage you to contact us at any time throughout the year with questions or comments. We ask that if, at any time over the course of the year, a new fundraising activity is being developed, you notify United Way staff. As a United Way Partner Agency, we thank you for understanding the importance of the restricted fundraising time period, August 1 through the last Saturday in October.

On behalf of the volunteers and staff of Sioux Empire United Way, we sincerely thank you for your enthusiasm in touching the lives of others and for your stewardship of the dollars entrusted by the wonderful people in our community.

Sincerely,

Kristi Kranz
Community Impact Director

Christina Riss
Community Impact Director
# INTER-LAKES COMMUNITY ACTION PARTNERSHIP
LEV energe CALCULATIONS
HEARTLAND HOUSE RENEWAL

These calculations are based on agency experience in previous years’ operations of the Heartland House program.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Participants</th>
<th>Cost 1</th>
<th>Cost 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDSU Extension/EFNEP Nutrition Education</td>
<td>35</td>
<td>$200</td>
<td>$7,000</td>
</tr>
<tr>
<td>Compass Center Counseling &amp; Advocacy</td>
<td>22</td>
<td>$336</td>
<td>$7,392</td>
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<tr>
<td>East River Legal Services</td>
<td>15</td>
<td>$400</td>
<td>$6,000</td>
</tr>
<tr>
<td>Sioux Falls Hsg. &amp; Redev. Com. Child Care</td>
<td>2</td>
<td>$1,557</td>
<td>$3,114</td>
</tr>
<tr>
<td>Minneheha County HAB Pass it On (Bus Pass) Program</td>
<td>30</td>
<td>$50</td>
<td>$1,500</td>
</tr>
<tr>
<td>Children’s Inn Support Group</td>
<td>2 (13/wk)</td>
<td>$338</td>
<td>$676</td>
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<tr>
<td></td>
<td></td>
<td>(26/wk)</td>
<td></td>
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<tr>
<td>Parenting Education</td>
<td>2 (9 sessions)</td>
<td>$198</td>
<td>$396</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(22/sess.)</td>
<td></td>
</tr>
<tr>
<td>Minnehaha County</td>
<td>35</td>
<td></td>
<td>$2,000</td>
</tr>
<tr>
<td>Sioux Empire Housing Partnership</td>
<td>35</td>
<td></td>
<td>$3780</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($27 x 4 ses.)</td>
<td></td>
</tr>
</tbody>
</table>
MEMORANDUM OF UNDERSTANDING (MOU)

Between

Heartland House

And

South Dakota State University Extension
Expanded Food and Nutrition Education Program (EFNEP)

This is an agreement between “Heartland House” and “South Dakota State University Extension Expanded Food and Nutrition Education Program”.

I. PURPOSE AND SCOPE:
The purpose of this MOU is to clearly identify the role and responsibilities of each party as they relate to those EFNEP nutrition assistants who provide nutrition education to limited resource persons in Minnehaha County, South Dakota.

In particular, this MOU is intended to:
Increase the mutual support for the EFNEP program in Minnehaha County for delivery of nutrition education to limited resource individuals.
Engage county partners with EFNEP to improve the nutrition status of income eligible individuals.

II. BACKGROUND:
The Expanded Food and Nutrition Education Program (EFNEP) is designed to assist limited resource audiences in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritional sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being.

SDSU Extension nutrition professionals provide on-the-job training and supervise nutrition assistants (paraprofessionals) and volunteers who teach EFNEP. Paraprofessionals live in the communities where they work. They recruit families and receive referrals from current and former participants, neighborhood contacts and community organizations and agencies. Examples of referral sources are local schools and businesses, workforce preparedness and health and wellness centers, non-profit and faith-based organizations, and local Supplemental Nutrition Assistance Program and WIC offices. Methods for program delivery may include direct teaching in group or one-to-one situations; mailings and telephone teaching to complement other teaching methods; mass media efforts to develop understanding, awareness, and involvement in the educational program; and development and training of volunteers to assist with direct teaching of adults and youth.

EFNEP has been in place in Minnehaha County, South Dakota since 1969. National studies show that for every $1 spent to implement programs such as EFNEP, up to $10.64 is saved in health care costs and $2.48 in food expenditures.
III. HEARTLAND HOUSE RESPONSIBILITIES UNDER THIS MOU:  
The Heartland House agrees to provide space in which to conduct the EFNEP classes with their residents. In addition, they agree to confirm that the residents of Heartland House who receive the classes meet income guidelines and are in charge of feeding a child and/or children.

IV. EFNEP (SDSU EXTENSION) RESPONSIBILITIES UNDER THIS MOU:  
EFNEP through SDSU Extension agrees to provide nutrition classes to Heartland House residents, along with demonstration and educational supplies necessary to conduct those classes. The number of classes provided to the residents will depend on the availability of both the EFNEP nutrition assistant and Heartland House residents.

In 2015, an average of 2 classes per week were held with Heartland House residents. A total of 31 individuals participated in EFNEP classes, which require 6 (1 hour) sessions. The value of this contribution is estimated at $200 for each group and/or resident that completes the 6 (1 hour) EFNEP program.

V. ACCESS TO CONFIDENTIAL DATA  
Access to EFNEP (SDSU Extension) data and communications, whether it resides on county-owned or SDSU Extension-owned equipment, shall be restricted to South Dakota State University personnel or their respective designees. As stated in the South Dakota Board of Regents Acceptable Use Policy, information resources and technology should be used to support the operations and missions of the Regental System. Accordingly, the Chief Information Technology Office at South Dakota State University will investigate any and all allegations of misuse of technology by Extension Service personnel. Allegations of misuse of technology on county-owned equipment by Extension Service personnel will be investigated jointly by the Chief Information Technology Office at South Dakota State University and the appropriate county personnel.

VI. COOPERATIVE PERSONNEL EMPLOYMENT POLICY  
It shall be the responsibility of SDSU Extension to screen and certify the qualifications of applicants for the EFNEP nutrition assistant vacant positions.

The employment policies of the Cooperative Extension Service and parties to this cooperative agreement are required to conform to provisions of the Civil Rights Act of 1964 and related amendments thereto prohibiting discrimination.

VII. APPROVAL AND/OR MODIFICATION OF MEMORANDUM  
This memorandum will be in effect when the Heartland House and the Extension Service at South Dakota State University approve it. It supersedes all previously signed agreements and shall remain in effect until it is expressly terminated in writing by one or more of the parties concerned. This agreement should be reviewed at the first of each year.

10/6/15  
DATE

[Signature]

DIRECTOR, HEARTLAND HOUSE

October 6, 2015

[Signature]

COORDINATOR, EFNEP, SDSU EXTENSION
October 7, 2015

Tammie Denning
Community Services &
Heartland House Director
Inter-Lakes Community Action Partnership
505 N Western Avenue
Sioux Falls, SD  57104

Dear Tammie:

On behalf of The Compass Center we would like to provide this letter of commitment to be used in your application for Housing and Urban Development. The Survivor Empowerment Program (SEP) at The Compass Center provides free counseling and advocacy to survivors of domestic violence, sexual assault, stalking and human trafficking. The Compass Center provides free counseling and advocacy services to Heartland House participants who are survivors.

In addition, The Compass Center will be providing an eight week Healthy Relationship Classes on site at Heartland House for participants. We provide these classes as a continuing series throughout the year as needed.

The value of the free counseling and advocacy sessions by The Compass Center in FY 2015 is valued at $42.00 per session completed. The value of the groups by The Compass Center in FY 201 was $615 per eight week series. Please feel free to contact me with questions or for more information. We look forward to a continued partnership with Heartland House.

Sincerely,

Michelle Markgraf
Executive Director
October 9, 2015

Tammie Denning
Community Services & Heartland House Director
Inter-Lakes Community Action Partnership
505 North Western Avenue
Sioux Falls, SD 57104

RE: Commitment Letter for Heartland House

Dear Tammie:

This is East River Legal Services commitment to your program to provide legal services and legal education to participants in your Heartland House Program during the next fiscal year. ERLS will provide at least fifty (50) hours of legal services and community education to participants in the Heartland House Program over the next fiscal year. The value of these services would be in the neighborhood of $8,000 to $10,000. Please let me know if there is anything further we can do to support your program.

Sincerely,

Doug Cummings
East River Legal Services

RECEIVED
OCT 14 2015
October 7, 2015

RE: Interlakes Community Action, Heartland House HUD Renewal Application

Children’s Inn values the partnership we have with the Heartland House Transitional Housing program and supports their application for renewal with HUD. Children’s Inn is a shelter for victims of domestic violence. The shelter serves women and children affected by violence, and also children removed from their homes due to child abuse or neglect.

Children’s Inn provides the following contributions throughout the year to the clients of the Heartland House:

- Emergency shelter and case management at an approximate value of $136/day
- Support groups for women at an approximate value of $26/hour
- Parenting education for women at an approximate value of $22/hour
- Donations of used clothing, toys, and household items at what would be assessed “fair market” value

I can be reached at 605-338-0116 or amy.carter@chssd.org if you need further information.

Sincerely,

Amy Carter
Children’s Inn Operations Director
October 12, 2015

Inter-Lakes Community Action Partnership
505 N. Western Ave.
Sioux Falls, SD 57104

To whom it may concern:

This is to confirm the Sioux Falls Housing and Redevelopment Commission (SFHRC) will provide childcare services, Monday through Thursday from 5:00 pm to 10:00 pm, at no cost for the children of Heartland House participants. SFHRC operates a state licensed childcare facility at 630 S. Minnesota Ave., Sioux Falls, SD as one of the services provided by SFHRC's Family Self-Sufficiency program. The value of the childcare services is an average cost of $29.95 per child per evening. This service is already being provided and will continue to be provided in 2016-2017 upon renewal of Heartland House Continuum of Care funding.

Sincerely,

Shireen Ranschau
Executive Director

Equal Housing Opportunity
Equal Housing Employer
October 6, 2015

Ms. Cindy Dannenbring
Inter-Lakes Community Action, Inc.
PO Box 268
Madison, SD 57042

RE: FY 2016 Budget Allocation

Dear Ms. Dannenbring,

The Minnehaha County Commission adopted the FY 2016 Final Minnehaha County Budget on September 22, 2015. The FY 2016 Final Budget includes an allocation for your agency in the amount of $2,000.

This Commission has had a long history of supporting the work of agencies such as yours. You play a vital role in enhancing the quality of life of our community. I wish you continued success. If you have any questions, please contact the County Commission at 367-4206.

Sincerely,

Cindy Heibeger, Chairman
Minnehaha County Commission

CH/cm

cc: County Commission
June 4, 2015

Cindy Dannenbring
Inter-Lakes Community Action Partnership
111 N VanEps Ave.
PO Box 268
Madison, SD 57042-0268

Dear Cindy:

Sioux Empire United Way first and foremost would like to thank you for the services you provide to the community. We admire what your organization does to change the lives of people in the Sioux Empire, and we truly value our partnership. As always, we are appreciative of the efforts you and your staff members put forth during our allocations process.

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On behalf of the volunteers and staff of Sioux Empire United Way, we sincerely thank you for your enthusiasm in touching the lives of others and for your stewardship of the dollars entrusted by the wonderful people in our community.

Sincerely,

Kristi Kranz
Community Impact Director

Christina Riss
Community Impact Director
October 9, 2015

To Whom It May Concern:

Inter-Lakes Community Action Partnership via their Heartland House program is a participant in the Pass It On Program. This is a program that provides free bus passes to families and individuals who are experiencing homelessness or who are very low income. The goal of the program is to provide an efficient and effective means of transportation for people to look for work, to make their appointments, and to gain a level of self-sufficiency by learning to use the public transit system.

Annually, the Heartland House program receives approximately 2000 bus passes distributed quarterly in 500 pass increments. Each pass is valued at $1.00. The total value is equivalent to $2000.

In my role as Coordinator for the Homeless Advisory Board, I administer this program. Heartland House is in good standing and has been compliant, maintaining proper monthly reporting requirements. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

[Signature]

Stacey Tietzen
October 2015

RE: Interlakes Community Action, Heartland House HUD Renewal Application

The Sioux Empire Housing Partnership will work in collaboration with Interlakes Community Action to provide rental education (Rent Smart) to the tenants of the Heartland House. The Sioux Empire Housing Partnership is a HUD approved non-profit agency providing education citizens of the city of Sioux Falls and surrounding areas.

Rent Smart is taught in four sessions offered two times a month and covers financial planning, consumer credit, as well as tenant and landlord relationships, parts one and two. The course will be taught at the Heartland House and at Interlakes Community Action with no cost to the Heartland House or Interlakes Community Action at this time. Sioux Empire Housing Partnership will be reimbursed at around $27 an hour for clients served through HUD. This fee is dependent upon class size, time, and paperwork involved. Sioux Empire Housing Partnership will teach education once a month to the tenants.

Sincerely,

Kelli Zimmer
Sioux Empire Housing Partnership
Education Director