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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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 2015 Project Application will be imported into the FY 2016 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 2015 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 2016 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.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

**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:** Application
2. **Type of Application:** Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:

3. **Date Received:** 08/30/2016

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**
5b. **Federal Award Identifier:** (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

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 2016 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: Cornerstone Rescue Mission
   b. Employer/Taxpayer Identification Number (EIN/TIN): 36-3296431

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>794623264</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 30 Main St
   Street 2:  
   City: Rapid City
   County: Pennington
   State: South Dakota
   Country: United States
   Zip / Postal Code: 57701

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

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Maryann
Middle Name:
Last Name: Leanna
Suffix:
Title: Program Manager
Organizational Affiliation: Cornerstone Rescue Mission
Telephone Number: (605) 721-9497
Extension:
Fax Number: (605) 721-9520
Email: mleanna@cornerstonemission.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, 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 2016 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-6000-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/guides/coc-program-competition-resources/

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: Renewal Project Application FY2016

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: 01/01/2017

b. End Date: 12/31/2017

18. Estimated Funding ($)

Applicant: Cornerstone Rescue Mission
Project: Renewal Project Application FY2016
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

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-snapsguides/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 2016 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:

21. Authorized Representative
Prefix: Mrs.
First Name: Lysa
Middle Name:
Last Name: Allison
Suffix:
Title: Executive Director
Telephone Number: (605) 718-8712
(Format: 123-456-7890)
Fax Number: (605) 791-0511
(Format: 123-456-7890)
Email: lallison@cornerstonemission.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  08/30/2016
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></td>
</tr>
</tbody>
</table>

This list contains no items
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/

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?</td>
<td>No</td>
</tr>
<tr>
<td>3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?</td>
<td>No</td>
</tr>
</tbody>
</table>
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 Collaborative 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 2016 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 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

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: SD0005B8T001002 (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: Renewal Project Application FY2016

4. Project Status: Standard
5. Component Type: PH

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 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, SH, 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. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- 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 SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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.

Cornerstone Apartments permanent supportive housing project was initially developed as transitional housing to provide safe and affordable housing as well as family-based supportive services for previously homeless families. The transition to permanent supportive housing changed the target population to individuals and families who are literally homeless and have at least one household member with a disability (Definition of a disability: US Federal law defines a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment) requiring supportive services. This became effective November 15, 2010. The change permitted Cornerstone Apartments the ability to utilize housing vouchers and to better serve the target population and the community. The facility provides 15 two-bedroom and 9 three-bedroom apartment units. The majority of the families served by this program have been referred by the local emergency/domestic violence shelters and other social service agencies. Tenants are encouraged to pursue education, employment, transportation and other goals that will contribute to self-sufficiency. Coordinated supportive services are essential to each family's progress towards sustained independent living. Families meet with a case manager weekly, who conducts inspections, serves as a resource to the family, makes individualized referrals to appropriate
community agencies and serves as an accountability partner to the extent necessary to support their ability to achieve the agreed-upon goals identified in their self-sufficiency plan. Case managers assess each family’s needs and work with the family to develop an education plan for the adult and minor household members in order to provide families with the knowledge and skills needed to break the cycle of homelessness. Life skills classes are encouraged to address the following areas: ability to obtain and sustain employment, financial management, parenting, nutrition, healthy relationships and successful living. Other options are recommended for tenants as determined necessary in areas such as (but not limited to): relapse prevention, domestic abuse recovery and anger management. Case managers follow-up with tenants to assure integration of the life skills learned such as budgeting, time management, proper nutrition and basic housekeeping to succeed in gaining self-sufficiency.

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

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://example.com/x" alt="X" /></td>
<td><img src="https://example.com/blank" alt=" " /></td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td><img src="https://example.com/blank" alt=" " /></td>
<td><img src="https://example.com/blank" alt=" " /></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td><img src="https://example.com/blank" alt=" " /></td>
<td><img src="https://example.com/blank" alt=" " /></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td><img src="https://example.com/blank" alt=" " /></td>
<td><img src="https://example.com/blank" alt=" " /></td>
</tr>
<tr>
<td>Other (Click ‘Save’ to update)</td>
<td><img src="https://example.com/x" alt="X" /></td>
</tr>
</tbody>
</table>

Other: Disabled

3. Housing First

3a. Does the project quickly move participants into permanent housing No

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | ![X](https://example.com/x) |
| Active or history of substance abuse | ![X](https://example.com/x) |
| Having a criminal record with exceptions for state-mandated restrictions | ![X](https://example.com/x) |
### History of domestic violence

- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  
  - [x] Yes
  - [ ] None of the above

### 3c. 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>选</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>[x]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>[x]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td>[x]</td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach?

- No

### 4. Does the PH project provide PSH or RRH?

- PSH

### 4a. Does the project request costs under the rental assistance budget line item?

- No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

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.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

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:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. 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>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</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>
</tbody>
</table>

Renewal Project Application FY2016

Page 19

09/02/2016
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

3a. 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.

Total Units: 24
Total Beds: 90
Total Dedicated CH Beds: 90
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>24</td>
<td>90</td>
<td>90</td>
<td>0</td>
</tr>
</tbody>
</table>
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, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. 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 2016 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 “3c.” 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: 24
   b. Beds: 90

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 90
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
   Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 1220 East Blvd
   Street 2: 
   City: Rapid City
   State: South Dakota
   ZIP Code: 57701

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   469103 Pennington County
### 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>17</td>
<td>7</td>
<td>0</td>
<td>24</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>Applicant</td>
<td>Cornerstone Rescue Mission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project</td>
<td>Renewal Project Application FY2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>09/02/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td>1</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>51</td>
<td>11</td>
<td>0</td>
<td>0</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>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically 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>17</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>51</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<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>10</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>6</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>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<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>Accompanied Children under 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 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>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>0</td>
</tr>
</tbody>
</table>
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%.

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>11%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>53%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>28%</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>8%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

Applicant: Cornerstone Rescue Mission
Project: Renewal Project Application FY2016
6A. 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 2016 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.

Renewal 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 2016 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 2016 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
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
   - HMIS
6E. 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 2016 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/

<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>$0</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE Program Manager @ $38,000, 1 FTE Case Manager @ 20,800</td>
<td>$58,800</td>
</tr>
<tr>
<td>4. Child Care</td>
<td>Child Care Services (500 X $3/hour)</td>
<td>$1,500</td>
</tr>
<tr>
<td>5. Education Services</td>
<td>Education Services (24 X $85)</td>
<td>$2,040</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>Employment Assistance (20hrs X $50)</td>
<td>$1,000</td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td>Legal Services (6 X $100)</td>
<td>$600</td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>Life Skills (15 X $50)</td>
<td>$750</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>Mental Health Services (30 X $50)</td>
<td>$1,500</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td>Substance Abuse Treatment Services (10 X $150)</td>
<td>$1,500</td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Transportation (4509 miles X $0.5555/mile)</td>
<td>$2,505</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td>$0</td>
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<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$70,195</strong></td>
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<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
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<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$70,195</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Match</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>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Cornerstone Thrift...</td>
<td>08/15/2016</td>
<td>$25,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Cornerstone Rescu...</td>
<td>08/15/2016</td>
<td>$21,840</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>George's Vacuum</td>
<td>08/15/2016</td>
<td>$500</td>
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<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Feeding South Dakota</td>
<td>08/16/2016</td>
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<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Love Inc of the B...</td>
<td>08/15/2016</td>
<td>$6,000</td>
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<tr>
<td>Yes</td>
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<td>Private</td>
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<td>08/15/2016</td>
<td>$24,000</td>
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<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Western Community...</td>
<td>08/15/2016</td>
<td>$7,605</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

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. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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/ screen will populate the Screen “61. 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? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Cornerstone ThriftStore

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2016

6. Value of Written Commitment: $25,000
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 Please review 24 CFR Part 578, the FY 2015 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

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/ screen will populate the Screen “6I. 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/guidescoc-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Cornerstone Rescue Mission
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2016

6. Value of Written Commitment: $21,840

Sources of Match Detail

Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

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/ screen will populate the Screen “6I. 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-snapsguides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: George's Vacuum
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2016
6. Value of Written Commitment: $500

Sources of Match Detail

Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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/ screen will populate the Screen “6I. 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? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Feeding South Dakota
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
6. Value of Written Commitment: $5,100

Sources of Match Detail

Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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/ screen will populate the Screen “6I. 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? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Love Inc of the Black Hills
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2016

6. Value of Written Commitment: $6,000

Sources of Match Detail

Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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/ screen will populate the Screen “6I. 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? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: New Start
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2016
6. Value of Written Commitment: $24,000

Sources of Match Detail

Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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/ screen will populate the Screen “6I. 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.
1. Will this commitment be used towards Match?  Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Western Community Action
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2016
6. Value of Written Commitment: $7,605
**6I. 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 “7. 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 2016 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 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” 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 “6H. Sources of Match” 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/](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>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
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<tr>
<td>1b. Leased Structures</td>
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</tr>
<tr>
<td>2. Rental Assistance</td>
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<tr>
<td></td>
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<tr>
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<tr>
<td>3</td>
<td>Supportive Services</td>
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<tr>
<td>4</td>
<td>Operating</td>
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<td>5</td>
<td>HMIS</td>
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<td>6</td>
<td>Sub-total Costs Requested</td>
</tr>
<tr>
<td>7</td>
<td>Admin</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
</tr>
</tbody>
</table>

**Applicant:** Cornerstone Rescue Mission  
**Project:** Renewal Project Application FY2016
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 7A. 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/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td>Non-Profit Subrec...</td>
<td>10/22/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>MOU's</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Non-Profit Subrecipient

Attachment Details

Document Description: MOU's

Attachment Details

Document Description: New Start
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**  
Lysa Allison

**Date:** 08/30/2016

**Title:** Executive Director

**Applicant Organization:** Cornerstone Rescue Mission

**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).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
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<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/05/2016</td>
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<td>1B. Legal Applicant</td>
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<td>1C. Application Details</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
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<td>2B. Recipient Performance</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/05/2016</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/30/2016</td>
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<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/15/2016</td>
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<tr>
<td>5A. Households</td>
<td>08/15/2016</td>
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<tr>
<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/15/2016</td>
</tr>
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<td>6E. Supp. Srvcs. Budget</td>
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<td>6H. Match</td>
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<td>6I. Summary Budget</td>
<td>No Input Required</td>
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<td>7A. Attachment(s)</td>
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<td>7B. Certification</td>
<td>08/05/2016</td>
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Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1989 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.
Cornerstone Rescue Mission
36-3298431

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services
Memorandum of Understanding
Between
Cornerstone Apartments
And
Western Community Action Program

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting Western Community Action Program in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

Western Community Action Program agrees to provide approximately $7,000 in various Swimm passes, groceries, School supplies, and garden packets to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1, 2017 through December 31, 2017.

Entered into this August 15th, 2016:

For Cornerstone Apartments

Lysa Allison, Executive Director
Rescue Mission

Linda Edel, Director
Cornerstone
Western Community Action Program
Memorandum of Understanding
Between
Cornerstone Apartments
and
LOVE, INC of the Black Hills

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting LOVE, INC of the Black Hills’s in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

LOVE, INC agrees to provide approximately $5,000 in meals, groceries, life skills classes, childcare and diapers to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1, 2017 through December 31, 2017. LOVE, INC offers various life skills classes and mentoring services to individuals and families in Rapid City, SD.

Entered into this August 15th, 2016:

For Cornerstone Apartments

Lysa Allison, Executive Director
Cornerstone Rescue Mission

John Eltenberg, Executive Director
LOVE, INC of the Black Hills
Memorandum of Understanding
Between
Cornerstone Apartments
and
Feeding South Dakota

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting Feeding South Dakota’s in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

Feeding South Dakota agrees to provide approximately ________ pounds of food to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1, 2017 through December 31, 2017. The value of the services to be provided is $_______ per pound or $5,100.00 over a 52-week operating year. Feeding South Dakota provides groceries to individuals and families in Rapid City, SD.

Entered into this August 15, 2016:

For Cornerstone Apartments

Lysa Allison
Executive Director
Cornerstone Rescue Mission

Monica Leitheiser
Western Operations Manager
Feeding South Dakota
Memorandum of Understanding
Between
Cornerstone Apartments
and
George’s Vacuum

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting George’s Vacuum in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

George’s Vacuum agrees to provide services and vacuums to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1st 2017, through December 31st 2017. The value of the services and items to be provided is $500,00 over a 52-week operating year.

Entered into this August 15, 2016:

For Cornerstone Apartments

Lysa Allison
Executive Director
Cornerstone Rescue Mission

Bobby Perham
George’s Vacuum
1118 W Main St.
Rapid City SD
Memorandum of Understanding
Between
Cornerstone Apartments
and
Cornerstone Rescue Mission

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting Cornerstone Rescue Mission in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

Cornerstone Rescue Mission agrees to provide approximately $21,840.00 on Maintence Salary. Steve Bitz’s salary is $10.50 an hour at 40 hours a week, he provides maintence and upkeep of the Cornerstone Apartments during the grant-operating year January 1st 2017, through December 31st, 2017.

Entered into this August 15, 2016:

For Cornerstone Apartments

[Signature]

Lysa Allison, Executive Director
Cornerstone Rescue Mission
Memorandum of Understanding
Between
Cornerstone Apartments
And
Western Community Action Program

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting Western Community Action Program in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

Western Community Action Program agrees to provide approximately $27,025 in Swim passes, groceries, School supplies, and garden packets to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1, 2017 through December 31, 2017.

Entered into this August 15th, 2016:

For Cornerstone Apartments

Lysa Allison, Executive Director
Rescue Mission

Linda Edel, Director
Cornerstone
Western Community Action Program
Memorandum of Understanding
Between
Cornerstone Apartments
and
New Start Rental Assistance Program

New Start Rental Assistance Program is a collaborative program between Cornerstone Apartments, Behavior Management Systems and Pennington County Health & Human Services. The program is funded through a grant from the John T. Vucurevich Foundation and assists individuals who are homeless or at imminent risk of homelessness.

The Three parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting New Start’s contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

New Start Rental Assistance agrees to provide approximately $24,000 in Rental assistance to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1st, 2017 through December 31st 2017. Cornerstone shall provide the required case management services to participants in the New Start program who reside in the Cornerstone Apartments.

Entered into this August 15, 2016:

For Cornerstone Apartments

Lysa Allison, Executive Director
Cornerstone Rescue Mission

Alan Solano, CEO
Behavior Management Systems for New Start Rental Assistance Program
Rapid City SD
Memorandum of Understanding
Between
Cornerstone Apartments
and
Cornerstone Thrift Store

The two parties referenced above hereby enter into a Memorandum of Understanding (MOU) for documenting Cornerstone Thrift Store in-kind contributions to Cornerstone Apartments, a permanent-supportive housing facility for formerly homeless families with disabilities funded by the US Department of Housing and Urban Development, and operated by Cornerstone Apartments Management.

Cornerstone Thrift Store agrees to provide furniture and household items to individuals and families who reside at Cornerstone Apartments during the grant-operating year January 1st, 2017 through December 31, 2017. The value of the services to be provided is $25,000 over a 52-week operating year. Cornerstone Thrift Store offers resale items and vouchers to individuals and families in Rapid City, SD.

Effective this August 15, 2016:

For Cornerstone Apartments

Lysa Allison
Executive Director
Cornerstone Rescue Mission

For Cornerstone Thrift Store

Penny Lingenfelter
Program Manager
Cornerstone Thrift Store