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 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in 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.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

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: Field intentionally left blank, cannot edit.

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

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/15/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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 on the Submission Summary screen to correct the information.

  When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

  For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Inter-Lakes Community Action Partnership

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

	c. Organizational DUNS:	102298288	**PLUS 4:**	

d. Address

Street 1: 111 North Van Eps Avenue

Street 2:

City: Madison

County: Lake

State: South Dakota

Country: United States

Zip / Postal Code: 57042

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be
contacted on matters involving this

application

Prefix:	Mr.
First Name:	Eric
Middle Name:	
Last Name:	Kunzweiler
Suffix:	
Title:	Director of Planning
Organizational Affiliation:	Inter-Lakes Community Action Partnership
Telephone Number:	(605) 256-6518
Extension:	
Fax Number:	(605) 256-2238
Email:	ekunzweiler@interlakescap.com

1C. Application Details

Instructions:

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

  When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" 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 screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

   b. Project: This field is required. Select district(s) in which the project is expected to operate.

  Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

  Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

15. Descriptive Title of Applicant's Project: Heartland House 3 Rapid Rehousing Program

16. Congressional District(s):

     a. Applicant: SD-000

     b. Project: SD-000
(for multiple selections hold CTRL key)

17. Proposed Project

     a. Start Date: 09/01/2017

     b. End Date: 08/31/2018

18. Estimated Funding ($)

     a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?   No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.i.b) 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 Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: | X |

21. Authorized Representative

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

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

Date Signed: 08/15/2016

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

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Inter-Lakes Community Action Partnership (ICAP) is a multi-county multi-program community action agency which has provided services to low-income and older participants since its inception in 1966. Using federal, state, local and private funds, the agency assists the residents of the service area to achieve and maintain their optimal level of economic and social self-sufficiency. Managing housing stock: ICAP operates Heartland House 3, a residential transitional housing program for homeless families with children in Sioux Falls.

The program consists of 11 one, two and three-bedroom apartments, which are occupied by homeless families during their participation in the program. The housing is combined with intensive family case management and related services, the goal of which is to assist the participants in their movement away from homelessness and toward self-sufficiency. With this application, ICAP is proposing to convert 10 units from Transitional Housing to a Rapid Rehousing program. Doing so will allow the agency to provide services more quickly to the participants while at the same time to tailor services to each family's needs. The RRH program will provide longer-term housing and thus increase families' stability. Given ICAP's successful 20-year history managing the Heartland House programs and the vast experience of the agency's management staff, this project is considered a ready-to-go project with a desired start date of 9/1/2017.

Non-housing supportive services: ICAP has provided a wide variety of services, primarily to low-income and older persons in the service area, since the agency's inception in 1966. The thrust of the Economic Opportunity Act of 1965, which established community action agencies, was that local residents should have the ability to be involved in the design, implementation and delivery of programs and services aimed at helping them to move toward self-sufficiency. ICAP provides services regarding housing (HOME Rehab, Mutual Self-Help Housing, Self-Help Rehab, Weatherization, Homeownership Education/Counseling), nutrition (Sixties Plus Dining, food pantries), education (Early Head Start and Head Start center-based services), health (ACA Navigators, dental clinics), homelessness (Heartland House 1, 2 & 3, HOME Homeless, Security Deposit Assistance, Bright Futures), emergency assistance (rent and utility assistance, emergency food and clothing), and community services (Thrift Stores, community gardens, school supplies, seasonal projects). All of these programs and services are intended to fulfill the agency's mission of identifying and ameliorating the causes and conditions of poverty in the service area, as required by the federal Community Services Block Grant Act.

Developing new housing: ICAP has operated a USDA Section 523 Mutual Self-Help Housing program since 1996, and the participants have constructed in excess of 130 homes in Brookings, Watertown, Volga, Flandreau and Valley Springs since that time. In the program, ICAP recruits groups of low- or very-low-income participants, who receive USDA Section 502 loans and work together as groups to construct each other's homes. ICAP also uses Self-Help Housing Opportunities Program (SHOP) funds, provided through the Housing Assistance Council (HAC), to subsidize the cost of the building lots for the participants. In addition, ICAP provides home ownership education and counseling to persons who wish to become homeowners and/or those who have recently become homeowners.

Rehabilitating existing stock: ICAP has provided housing rehab services using a variety of funding sources, including USDA Housing Preservation Grants, HOME Rehab funds, USDA Section 504 loans and grants, CHIP loans, weatherization assistance, and USDA Self-Help Rehab program funds with program budgets exceeding $1,000,000 per year. Agency staff audit homes, create work plans, assist the homeowners in procuring contractors, inspect and approve completed work, and pay the contractors. In the Self-Help Rehab program, agency staff teach the homeowners how to perform rehab work on their homes, which lowers the cost of the project to the participants. These programs have existed for many years, and funding agencies have consistently recognized the agency's efforts in assisting low-income homeowners.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Inter-Lakes Community Action Partnership (ICAP) leverages numerous sources of funds and services agency-wide in order to fulfill its mission. In the 2015-16 program year, ICAP recorded $8,000,000+ in federal and state funds, $400,000+ in state funds, and nearly $2,700,000 in private funds (including $1,700,000 in in-kind funding). These figures illustrate the agency's funding support across the public and private sectors. Within the Heartland House programs, ICAP has leveraged numerous Federal, State, local and private funds and foresees these relationships continuing through the shift from a Transitional Housing program to a Rapid Rehousing program. Federal leveraging includes the following: Community Services Block Grant (CSBG), HUD Housing Counseling, SNAP, TANF, WIC, WIOA and the Expanded Food and Nutrition Education Program (EFNEP). State leveraging includes the Department of Social Services Child Support Enforcement and the Child Care Block Grant. Private funds include the Compass Center (healthy relationships classes), East River Legal Services (legal services and education), and The Children's Inn (emergency shelter, support groups for women, parent education, and donations of food/clothing or other essential items). Local government leveraging includes Sioux Falls Housing and Redevelopment, which provides no-cost evening child care to families that are working, and the Minnehaha Homeless Advisory Board who manages the "Pass It On" program. This program provides free bus passes to families for safe transportation to work, appointments and to childcare facilities.
In addition, the program has garnered support from numerous other entities (faith-based organizations, financial institutions, individuals) throughout the Sioux Falls community and will continue to do so.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Inter-Lakes Community Action Partnership (ICAP) is a 501(c)(3) private non-profit organization chartered in 1966. The agency is governed by a 42-member Board of Directors, composed of equal representation from the public, community and low-income sectors. Overall administrative authority rests with Cindy Dannenbring, Executive Director, who has served in that role since 1993. The Board has several committees, including the executive, finance/audit, personnel/human rights, and governance. The duties and responsibilities of the officers and committees are detailed in the by-laws. The agency's administration team includes the Executive Director, Deputy Director, Fiscal Director and Planning Director. Arleen Weerheim, the Deputy Director since 1993, is responsible for the day-to-day operations of the agency, oversight of eleven county offices and management of selected programs. Kimberly McCoy, Fiscal Director since 2002, is responsible for the agency's financial systems, and supervision of the administrative support staff pool. Eric Kunzweiler, Planning Director, is responsible for the majority of the agency's program planning and development, grant applications, evaluation and reporting, needs assessments and customer satisfaction analysis and reporting. Mr. Kunzweiler began working with ICAP in 2001 and moved into his current role in January, 2016. Direct services are overseen by program managers. Each manager is

responsible for the activities in their program specialization. Programs range from one to several dozen employees. All of the agency's programmatic activities are coordinated across program lines. The agency's front-line outreach and referral staff (Community Service Workers) provide information and take applications for all agency programs. Thus, the "silo effect" is minimized to the extent possible. Agency staff also coordinate and collaborate with external partners. In rural areas, no single entity has all of the resources needed to serve all of the needs that exist. The only way that agencies can provide effective services is to leverage the resources of partner agencies. In this manner, we maximize impact while limiting duplication of effort. ICAP's financial accounting system uses THO Software's Orion System (ledgers including general, cash, payroll, accounts payable and accounts receivable). The Board of Director's Finance and Audit Committee approves the financial policies and procedures which guide the agency's fiscal activities. Internal controls include separation of duties among staff, password controls for the computer network and the accounting system, use of a secure server with offsite daily backups, and monthly bank statement reconciliations by a non-fiscal office staff member. All vouchers for payment require two approvals before processing, and all checks require two signatures. As a federal grantee, ICAP undergoes a fiscal and program audit annually, and has never received a negative audit report.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?   No

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

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 the 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 populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

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

1a. CoC Number and Name: SD-500 - South Dakota Statewide CoC

1b. CoC Collaborative Applicant Name: South Dakota Housing Development Authority

2. Project Name: Heartland House 3 Rapid Rehousing Program

3. Project Status: Standard

4. Component Type: PH

5. Is Energy Star used at one or more of the proposed properties? Yes

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

3B. Project Description

Instructions:

 Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

 Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

 Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

 Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

 PH PROJECTS ONLY

 Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

 Will the project quickly move participants into permanent housing?: 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.)

 Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

 Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

 Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

 If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

 Will 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. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Only option will be Coordinated Entry

Wil 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 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.

The target population to be served in ICAPs Heartland House 3 Rapid Rehousing Program will be homeless families with children whose adult members are coming directly from the streets or emergency shelters, fleeing domestic violence situations, or other persons who qualify under Paragraph 4 of the definition of homelessness. The majority of the adults served will be single female heads-of-household, based on agency experience with transitional housing, but there will be no such requirement for eligibility. We also anticipate that the majority of families will include two to three children, most of whom will

tend to be under the age of ten. When a family enters the program, a family case manager will complete an intake process, including determining any short-term and intermediate-term needs and issues the family may have. The case manager and the family members will then complete a family self-sufficiency plan, which will provide detail as to the existing needs/issues, and a proposed plan as to how to address those needs. The plan will include information on ICAP and other existing programs and services that are available to the family, and a timeline for accessing and utilizing those resources. Through ongoing family case management, the family will make progress toward fulfilling the terms of the self-sufficiency plan. In some cases, case managers will build partnerships with other service providers, as appropriate, to gain access to specialized services that are needed by the participants. For example, staff will refer participants escaping domestic violence to subject-specific counseling or other services aimed at helping the participants to recover from that situation. If other specialized services such as drug/alcohol treatment are needed, the participant will be assisted in enrolling into those services. Outcome 1: Participants will enter into permanent housing within 30 days of completion of application. Outcome 2: Participants will remain in permanent housing for at least 12 months. Outcome 3: Participants will increase their total household income as a result of participation in the program. ICAP staff have, over the years of the agency's existence, created many formal and informal networks of collaborating partners among the area's service providers. All of the partners have realized that no one individual agency can meet all of the needs that exist among their participants. However, working together, they can all magnify the impact of their resources, while at the same time avoiding duplication of effort to the greatest extent possible. ICAP partners with other providers in a broad variety of efforts – for example, in the Bright Futures homeless prevention program, ICAP works with the Sioux Falls Housing and Redevelopment Corporation (SFHRC). ICAP provides education and case management services to the participants, and SFHRC manages the tenant-based rental assistance for the program.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

With this application Inter-Lakes Community Action Partnership (ICAP) proposes to convert the existing Heartland House 3 Transitional Housing (TH) program to a permanent housing / rapid rehousing (PH/RR) program. The project will provide rapid rehousing services to homeless families in the Sioux Falls, South Dakota area using existing buildings that will be controlled by ICAP and other available affordable housing options. As per the 2016 NOFA, eligibility will be limited to families coming directly from the streets or emergency shelters or fleeing domestic violence situations or other persons who qualify under paragraph (4) of the definition of homelessness. Due to the similarities of the new rapid-rehousing program to the ESG program which ICAP already administers, this will be a ready-to-go project with a desired start date of 9/1/2017. Between the notice of an accepted application and 9/1/2017, ICAP will transition families out of the current program through attrition, openings in the Bright Futures program, and families graduating from the traditional Heartland House 3 program. Heartland House 3 is managed by the Minnehaha County Services Director, who is an ICAP employee. The program is supported by Family Case Managers (FCMs) who take applications, interview and gather

documentation to ensure eligibility and once enrolled, work directly with the families throughout the entirety of the program. The program will serve 10 families who will receive intensive case management and other appropriate services including TBRA as part of the new Rapid Rehousing program. Each family that participates in the program will receive supportive services including creating a Family Self-Sufficiency Plan to lay a road map in their movement towards social and economic self-sufficiency. Family Case Managers are directly responsible for assuring the completion of all work by the families and the Minnehaha County Services Director is directly responsible for assuring the program requirements are being met.

**3. Will your project participate in a CoC   Yes
Coordinated Entry Process?**

* 4. Please identify the project's specific population focus.

(Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families	X	**HIV/AIDS**	
		Other **(Click 'Save' to update)**	X

Other: Families with Children

5. Housing First

**a. Will the project quickly move participants   Yes
into permanent housing**

b. 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
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X

None of the above	☐

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Being a victim of domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	☐

d. Will the project follow a "Housing First" approach?   Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not Applicable.

7. Will the PH project provide PSH or RRH?   RRH

8. Will the project request costs under the rental assistance budget line item?   Yes

9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?   Yes

Explain how and why the project will implement this requirement.

Participants in the Heartland House 3 Rapid Rehousing program facilities will be required to reside in one of the units controlled by ICAP when they initially enter the program. After they have participated for one year, they will have the option of moving to an alternative unit and continue to receive tenant-based rental assistance as long as they fulfill HUD's eligibility requirements and the unit to which they move fulfills quality standards and passes inspection.

10. Will more than 16 persons live in one structure?   Yes

10a. Describe the local market conditions that necessitate a project of this

size.

The housing units that will be used to provide rapid rehousing services are located in residential areas in the city of Sioux Falls. They have easy access to various public services (e.g. city/county offices, schools, etc.) and amenities (parks, shopping areas, etc.) and are also close to access points for the public transit system. The participants will have easy access to various supportive services providers, this increasing the likelihood of their participation in those services. Sioux Falls is in a very tight rental market at this time, and this the likelihood of finding affordable units in other areas of the city is somewhat restricted. Thus, having these units available is an ideal situation for the project.

10b. Describe how the project will be integrated into the neighborhood.

The structures are all located in residential areas that contain significant numbers of multi-family housing units, and they match other buildings in their respective neighborhoods in terms of size and location. ICAP's units have existed in their neighborhoods for many years, and will continue to do so into the future. The participants in the program will be encouraged to take part in community activities and thus increase their integration not only into their neighborhoods, but into the community as a whole.

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" select all of the applicable expansion activities and provide a description for each.

   Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

   Increase the number of homeless persons served
 The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

   Provide additional supportive services to homeless persons
 Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

   Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

   Bring existing facilities up to state or local government health and safety standards
 Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

   Replace the loss of nonrenewable funding
 a) Use the text box provided to describe the source of non-renewable funding.
 b) Use the text box provided to describe why the funds are non-renewable.
 c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
 d) Use the text box provided to describe what steps were taken to obtain other funding sources.
 e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

**1. Will the project use an existing homeless   No
facility or incorporate activities provided by
                     an existing project?**

4A. Supportive Services for Participants

Instructions:

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

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

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

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field.   Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

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 from the dropdown 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 will include the following activities:

   Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select "Yes" if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select "No" if transportation is not regularly provided or cannot be provided consistently as requested.

   Use of a single application form for four or more mainstream programs: This is a required field. Select "Yes" if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select "No" if mainstream forms are for 3 or fewer programs.

   Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select "Yes" if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select "No" if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

   Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select "Yes" if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select "No" if there is no or significantly limited access to SSI/SSDI technical assistance.

   Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

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

2. Describe how participants will be assisted to obtain and remain in permanent housing.

ICAP's Family Case Managers will use established policies and procedures to analyze the needs and barriers of the participants. Participating families have needs beyond housing. Lack of formal education is a significant barrier that impacts the participants' employment opportunities. Substance abuse and

domestic violence are significant challenges. ICAP's intensive family case management model focuses on the needs of the participating families, and brings together needed supportive services (provided both by ICAP staff and by partner agencies) to provide a comprehensive array of assistance. Stable housing is often the catalyst that allows the participants to move forward with education, employment, treatment for physical and mental/behavioral health issues, and self-sufficiency. Participants will be housed in units controlled by ICAP for at least the initial year of their participation, to help provide a support network for the families during this period of transition.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

ICAP has operated a transitional housing program in Sioux Falls for over 20 years. One of the key features of that program has been that the participants have been expected to increase their household income as part of their movement toward economic and social self-sufficiency. The program prepares the participants for living independently once their participation is completed. These efforts begin with the Family Self-Sufficiency Plan, which details the needs of the family and the resources available to them (both external and internal) and the action steps they will take to fulfill the terms of the plan. All participants are strongly encouraged to be employed at least part-time within three months of entering the program, so the local Department of Labor (DoL) office is a central component of this effort. The DoL offers WIOA, Wagner-Peyser and other related services and provides hands-on assistance with job search, resume preparation, job-seeking and job-keeping skills training and limited supportive services, all of which are aimed at helping applicants to secure and maintain employment. If participants may be eligible for the TANF program, case managers facilitate their application for services, which include employment and education assistance in addition to eligibility for health care and cash subsidies. Participants are assisted in applying for Medicaid, WIC, SNAP, SSI/SSDI and other applicable mainstream resources, so that they can stabilize their living conditions. If the participants do not have their high school diploma or GED (which is frequently the case), they are assisted to enroll in GED classes. Once they have earned their GEDs, they can then consider enrollment in a local technical institute or college to gain a certification or degree that will lead them to higher-paying jobs.

4. 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.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Daily
Child Care		Applicant	As needed

Education Services	Applicant	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?   Yes

5b. Use of a single application form for four or more mainstream programs?   No

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?   Yes

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

6a. 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: 10

Total Beds: 39

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...	10	39	0	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, 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, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

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

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 10

b. Beds: 39

3. Address

Street 1: 111 N Van Eps

Street 2: P.O. Box 268

City: Madison

State: South Dakota

ZIP Code: 57104

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

469099 Minnehaha County, 461518 Sioux Falls

5A. Project Participants - Households

Instructions:

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

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	10	0	0	10

Characteristics	**Persons in Households with at Least One Adult and One Child**	**Adult Persons in Households without Children**	**Persons in Households with Only Children**	**Total**

Adults over age 24	6	0		6
Adults ages 18-24	6	0		6
Accompanied Children under age 18	30		0	30
Unaccompanied Children under age 18			0	0
Total Persons	42	0	0	42

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	3	0	1	5	0	0	0
Adults ages 18-24	0	0	0	2	0	1	5	0	0	0
Children under age 18	0			0	0	0	20	0	1	9
Total Persons	0	0	0	5	0	2	30	0	1	9

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Persons listed in the first chart are children who may be dealing with depression or other mental health issues, or with some type of physical health issue, but are not disabled.

5C. Outreach for Participants

Instructions:

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

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from.   All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2016 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

NOTE The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD 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.

5%	**Directly from the street or other locations not meant for human habitation.**
20%	**Directly from emergency shelters.**
0%	**Directly from safe havens.**
75%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

Inter-Lakes Community Action Partnership (ICAP) is well-known in Sioux Falls for its programming to assist homeless families with children. The agency is a

member of several collaborative networks in Sioux Falls, which exist to bring homeless persons into available programs. The Sioux Empire Homeless Coalition sponsors a monthly homeless forum, at which service providers distribute information about available programs and services. ICAP staff attend these monthly meetings and network with other providers, thus advertising the availability of ICAP's services. The agency maintains close working relationships with the emergency shelters (Union Gospel Mission, Bishop Dudley Center, St. Francis House), a domestic violence shelter (Children's Inn) and other service agencies (the County Department of Health and Human Services, The Community Outreach agency) to encourage these entities to refer homeless families to ICAP for participation in the agency's Heartland House 3 Rapid Rehousing program. Selected agencies work through a partnership to create a coordinated waiting list for the major homeless service programs in the community. ICAP's Minnehaha County office provides many services to low-income persons, including the homeless. When a person applies to the agency for assistance, information regarding his/her needs is collected and analyzed. Staff determine what, if any, assistance is available and the applicants are then referred to the appropriate services. This coordinated waiting list maximizes the efficiency for applicants by allowing them to access an array of services, including permanent housing. Finally, ICAP provides information through brochures, flyers, the Annual Report and the agency's website – www.interlakescap.com. The brochures and flyers are distributed throughout the community, with special focus on the offices/outreach sites for partner agencies, so that anyone expressing an interest can get contact information for ICAP.

6A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR
Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

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: Applicant must complete at least one row in the grid.
 - Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
 - Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.
Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "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 Exchange:
 https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will it be feasible for the project to be under grant agreement by September 30, 2018? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand Reallocation

**OR
is the project applying for funding through
the permanent housing bonus?**

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

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is
being requested:**

Acquisition/Rehabilitation/New Construction	
Rental Assistance	X
Supportive Services	X
HMIS	X

Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations:	1
(HIDDEN) Grant Term in Months, for use in calculations:	12
Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	X
Rental Assistance (Hidden)	X
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operations (Hidden)	
HMIS (Hidden)	X

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:			$102,360
Total Units:			10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	SD - Sioux Falls, SD MSA (4608399999)	10	$102,360

Rental Assistance Budget Detail

Instructions:

  Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

  Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

  Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

  # of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

  FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

  12 Months: These fields are populated with the value 12 to calculate the annual rent request.

  Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

  Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

  Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

  Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested 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 Exchange:
  https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: SD - Sioux Falls, SD MSA (4608399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$349	x	12	=	$0
0 Bedroom		x	$465	x	12	=	$0
1 Bedroom		x	$593	x	12	=	$0

2 Bedrooms	6	x	$745	x	12		=		$53,640
3 Bedrooms	4	x	$1,015	x	12		=		$48,720
4 Bedrooms		x	$1,219	x	12		=		$0
5 Bedrooms		x	$1,402	x	12		=		$0
6 Bedrooms		x	$1,585	x	12		=		$0
7 Bedrooms		x	$1,768	x	12		=		$0
8 Bedrooms		x	$1,950	x	12		=		$0
9 Bedrooms		x	$2,133	x	12		=		$0
Total Units and Annual Assistance Requested	10								$102,360
Grant Term									1 Year
Total Request for Grant Term									$102,360

Click the 'Save' button to automatically calculate totals.

New Project Application FY2016	Page 43	08/15/2016

6F. 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. For each grant year, 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.

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

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	3 FTE Family Case Managers will allocate time for a total of .75 FTE plus benefits. 1 FTE (Program Director) will allocate 5.6% of their time for Self Sufficiency Reviews, staffings and client issues	$33,176
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food vouchers will be provided to 6 tenants.	$225
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Recreation passes for families, laundry tokens, furnishings, household management supplies, professional clothing, medical costs	$3,645
11. Mental Health Services		

12. Outpatient Health Services	Drug and Alcohol Assessments	$375
13. Outreach Services	Interpreting services, 1 FTE (Program Director) will allocate 5.6% of their time to identify program participants,marketing the program, plus benefits. 1 FTE (secretary) will allocate 3% of their time to answer program questions and provide client assistance, plus benefits.	$3,702
14. Substance Abuse Treatment Services		
15. Transportation	Public transportation, vehicle repair and maintenance, gas vouchers, program participant visits, inspections, transportation of clients to eligible service activities.	$1,425
16. Utility Deposits		
17. Operating Costs	Office supplies, printing of program forms, copier lease, telephone, internet, postage, 1 PT (apartment aide) will allocate 12% of their time to stocking apartments and assist tenants with move in and move out, 1 FTE (property manager) will allocate 4.37% of their time doing move in and move out inspections, preparing client packets.	$2,995
Total Annual Assistance Requested		$45,543
Grant Term		1 Year
Total Request for Grant Term		$45,543

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	3 FTE will allocate a small amount of time to operating HMIS	$576
5. Space & Operations		
Total Annual Assistance Requested:		$576
Grant Term:		1 Year
Total Request for Grant Term:		$576

Click the 'Save' button to automatically calculate totals.

6I. 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

Total Value of Cash Commitments:	$42,837
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$42,837

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Sioux Empire Unit...	06/08/2016	$16,197
Yes	Cash	Private	Client Rental Income	09/01/2017	$26,640

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal 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, and the FY 2016 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 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 with populate the Screen "6J. 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 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:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Sioux Empire United Way
5. Date of Written Commitment:	06/08/2016
6. Value of Written Commitment:	$16,197

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal 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, and the FY 2016 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 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 with populate the Screen "6J. 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 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: Cash

3. Type of source: Private

4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)   Client Rental Income

5. Date of Written Commitment: 09/01/2017

6. Value of Written Commitment: $26,640

6J. Summary Budget

Instructions:

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

Admin (Up to 10%): Enter the amount of requested administration funds. The grant 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 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 "6I. Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6I. 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 "6I. 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 Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
2a. Leased Units	$0	1 Year	$0

2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$102,360	1 Year	$102,360
4. Supportive Services	$45,543	1 Year	$45,543
5. Operating	$0	1 Year	$0
6. HMIS	$576	1 Year	$576
7. Sub-total Costs Requested			$148,479
8. Admin **(Up to 10%)**			$10,510
9. Total Assistance Plus Admin Requested			$158,989
10. Cash Match			$42,837
11. In-Kind Match			$0
12. Total Match			$42,837
13. Total Budget			$201,826

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ICAP 501c3 Status...	08/01/2016
2) Other Attachment(s)	No	Match Documentation	08/05/2016
3) Other Attachment(s)	No		

Attachment Details

Document Description: ICAP 501c3 Status Letter

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: Budget Narrative

7B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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.

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

Name of Authorized Certifying Official:	Cindy Dannenbring
Date:	08/15/2016
Title:	Executive Director
Applicant Organization:	Inter-Lakes Community Action Partnership
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/05/2016

1E. Compliance	08/05/2016
1F. Declaration	08/05/2016
2A. Subrecipients	No Input Required
2B. Experience	08/12/2016
3A. Project Detail	08/12/2016
3B. Description	08/12/2016
3C. Expansion	08/05/2016
4A. Services	08/12/2016
4B. Housing Type	08/15/2016
5A. Households	08/12/2016
5B. Subpopulations	08/05/2016
5C. Outreach	08/12/2016
6A. Funding Request	08/05/2016
6E. Rental Assistance	08/11/2016
6F. Supp Srvcs Budget	08/11/2016
6H. HMIS Budget	08/05/2016
6I. Match	08/12/2016
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/05/2016
7B. Certification	08/05/2016

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: APR 2 5 2008

Person to Contact:
    Mrs. Jones 31-03886
Toll Free Telephone Number:
    877-829-5500

INTER-LAKES COMMUNITY ACTION
PARTNERSHIP INC
PO BOX 268
MADISON   SD 57042-0268

Employer Identification Number:
    46-0282131
Group Exemption Number:
    9365

Dear Sir or Madam:

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

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

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

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

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

Sincerely,

Cindy Westcott

Cindy Westcott
Manager, Exempt Organizations
Determinations

U.S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

MAR 9 - 1967

Interlakes Community Action, Inc.
P.O. Box 285
Madison, South Dakota 57042

PURPOSE	
r: Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT OF INTERNAL REVENUE	
Aberdeen, South Dakota	
FORM 990-A REQUIRED	ACCOUNTING PERIOD ENDING
☐ YES ☒ NO	November 30

Gentlemen:

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

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

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

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

Your District Director is being advised of this action.

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

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

Very truly yours,

John R. Barber

Chief, Rulings Section,
Exempt Organizations Branch

June 8, 2016

RECEIVED
JUN -9 2016

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

Dear Cindy:

Sioux Empire United Way values the important work your organization is doing to respond to the needs of individuals and families within our local community. We acknowledge and appreciate the time and effort devoted to the preparation of your proposal and are pleased to be able to support your work. Sioux Empire United Way's Board of Directors has established preliminary funding decisions for 2017. The following award(s) is contingent upon United Way reaching its campaign goal:

HEARTLAND HOUSE:	$116,197 →	*Heartland House = $100,000*
CHILD DEVELOPMENT CENTER:	$ 60,000	*Heartland House 3 = $ 16,197*

The Basic Needs team continues to be impressed by the mission of the Heartland House Program and the way in which your organization operates. They appreciate the accountability procedures in place for clients as well as your program adaptation to meet the ever changing needs of clients. They would like to continue learning in more detail about how the outcomes are tracked and compiled. The volunteers commend your dedicated staff for the work that is done each and every day.

The Childcare team continues to see the value in the services provided to children at the Sioux Falls Center. Because of this program, not only are children cared for in a safe and nurturing environment, but the entire family receives much needed support. During this year's presentation, the steps ICAP is taking to conduct a risk assessment were discussed. The volunteers were pleased to hear how thorough this process will be and are looking forward to hearing an update at next year's meeting.
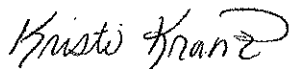
Sioux Empire United Way's funded agencies play a key role in the success of our annual campaign. Whether it is by holding an agency tour, speaking at company rallies, including a remark within your newsletter, or mentioning your Sioux Empire United Way funding support on your website, we thank you for helping us further educate the community about the wide variety of local programs funded by Sioux Empire United Way. It is crucial for our donors to understand how their gifts are making a difference within the Sioux Empire

United Way funded agencies and our community as a whole. Thank you for your efforts in promoting this information.

The terms and conditions of accepting this grant are outlined within Sioux Empire United Way's Manual of Policies and Procedures for Funded Agencies. This manual includes policies regarding general budget processes, supplemental funding activities, independent audit requirements, and etc. Although you have already submitted a signed copy of these policies, we ask that you review them with key staff members and volunteers within your organization.

On behalf of the volunteers and staff of Sioux Empire United Way, we sincerely thank you for your stewardship of United Way funds and for your enthusiasm in touching the lives of others.

Sincerely,

Kristi Kranz
Community Impact Director

Christina Riss
Community Impact Director

INTER-LAKES COMMUNITY ACTION PARTNERSHIP

PO Box 268 • 111 N Van Eps Ave • Madison, SD 57042 • 605-256-6518 • Fax 605-256-2238 • www.interlakescap.com

ICAP Offices

601 4th St Ste 108
Brookings, SD 57006
692-6391

116 N Commercial
PO Box 119
Clark, SD 57225
532-3722

7 - 8th Ave SE
Watertown, SD 57201
886-7674

Courthouse
PO Box 616
Clear Lake, SD 57226
874-2062

Courthouse
210 E 5th Ave
Milbank, SD 57252
432-6571

Courthouse
PO Box 237
Hayti, SD 57241
783-3867

Courthouse
PO Box 254
DeSmet, SD 57231
854-3701

111 N Van Eps Ave
PO Box 268
Madison, SD 57042
256-6518

723 E 5th St
Canton, SD 57013
940-1909

Courthouse
PO Box 190
Salem, SD 57058
425-2271

108 E Hwy 34
PO Box 2
Howard, SD 57349
772-5712

505 N Western Ave
Sioux Falls, SD 57104
334-2808

112 E Pipestone
Flandreau, SD 57028
997-2824

Courthouse
PO Box 370
Parker, SD 57053
940-1909

August 5th, 2016

Match Explanation
Client Rental Income

According to the 2016 NOFA and the FY 2016 HUD Appropriations Act, program income may now be used as a source of match.

For Heartland House 3, Inter-Lakes Community Action Partnership will be allocating $26,640 of client rental income towards the match requirement.

Kimberly McCoy, Fiscal Director