

## 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 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 2017 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/25/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** South Dakota Housing Development Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 46-0318666

	<b>c. Organizational DUNS:</b>	062197517	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 3060 East Elizabeth Street

**Street 2:** PO Box 1237

**City:** Pierre

**County:** Hughes

**State:** South Dakota

**Country:** United States

**Zip / Postal Code:** 57501

### e. Organizational Unit (optional)

**Department Name:** Department of Rental Housing

**Division Name:** Department of Rental Housing

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

**Prefix:** Mrs.

**First Name:** Lorraine

**Middle Name:**

**Last Name:** Polak

**Suffix:**

**Title:** Director Rental Housing Development

**Organizational Affiliation:** South Dakota Housing Development Authority

**Telephone Number:** (605) 773-3108

**Extension:**  
**Fax Number:** (605) 773-5154  
**Email:** lorraine@sdhda.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** A. State Government

**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-6100-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** SD-500 CoC SSO CES FY2017

**16. Congressional District(s):**

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

**17. Proposed Project**

**a. Start Date:** 07/01/2018  
**b. End Date:** 06/30/2019

**18. Estimated Funding (\$)**

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

**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. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Mark

**Middle Name:**

**Last Name:** Lauseng

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (605) 773-3181  
**(Format: 123-456-7890)**

**Fax Number:** (605) 773-5154  
**(Format: 123-456-7890)**

**Email:** mark@sdhda.org

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

**Date Signed:** 09/25/2017



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** South Dakota Housing Development Authority

**Prefix:** Mr.

**First Name:** Mark

**Middle Name:**

**Last Name:** Lauseng

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** South Dakota Housing Development Authority

**Telephone Number:** (605) 773-3181

**Extension:**

**Email:** mark@sdhda.org

**City:** Pierre

**County:** Hughes

**State:** South Dakota

**Country:** United States

**Zip/Postal Code:** 57501

**2. Employer ID Number (EIN):** 46-0318666

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$105,144.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** No

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Mark Lauseng, Executive Director

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

**Date Signed:** 07/24/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** South Dakota Housing Development Authority  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)  
 Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

**I hereby certify that all the information stated herein, as well as any information provided in**

X

**the accompaniment herewith, is true and accurate.**



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Mark

**Middle Name**

**Last Name:** Lauseng

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (605) 773-3181  
**(Format: 123-456-7890)**

**Fax Number:** (605) 773-5154  
**(Format: 123-456-7890)**

**Email:** mark@sdhda.org

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

**Date Signed:** 09/25/2017

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X
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**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** South Dakota Housing Development Authority

**Name / Title of Authorized Official:** Mark Lauseng, Executive Director

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

**Date Signed:** 09/25/2017

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** South Dakota Housing Development Authority  
**Street 1:** 3060 East Elizabeth Street  
**Street 2:** PO Box 1237  
**City:** Pierre  
**County:** Hughes  
**State:** South Dakota  
**Country:** United States  
**Zip / Postal Code:** 57501

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

X

**Authorized Representative**

**Prefix:** Mr.  
**First Name:** Mark  
**Middle Name:**  
**Last Name:** Lauseng  
**Suffix:**  
**Title:** Executive Director  
**Telephone Number:** (605) 773-3181  
**(Format: 123-456-7890)**  
**Fax Number:** (605) 773-5154  
**(Format: 123-456-7890)**  
**Email:** mark@sdhda.org  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/25/2017



## 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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

### **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.**

The applicant, South Dakota Housing Development Authority (SDHDA) is the collaborative applicant for SD CoC and employs the South Dakota Continuum of Care Administrator. The South Dakota Housing for the Homeless Consortium (SDHHC) is the SD Balance of State CoC. SDHDA has been effectively utilizing federal funds since SDHDA's inception in 1973.

SDHDA administers the following HUD Programs: HOME, Housing Trust Fund, Emergency Solutions Grants, Section 811, and the stimulus programs Neighborhood Stabilization I & III, Tax Credit Assistance Program, and Homelessness Prevention and Rapid Rehousing. All programs have stringent program requirements regarding effective utilization of federal funds and performing proposed activities. The stimulus programs were a true test of SDHDA's ability due to large funding amounts with little program requirements and guidance at time of program implementation.

SDHDA has employed the SD Continuum of Care Administrator since 2002 and has effectively administered CoC Planning and HMIS Grants for SD CoC during this time.

SDHDA has experience in managing budgets and effectively utilizing federal funds while properly following federal guidelines, rules, and statutes. SDHDA has a professional accounting department who work with the rental housing development department to adhere to timelines and budget accounting requirements.

Annually SDHDA is audited by a third party auditing firm and also the South Dakota Department of Legislative Audit to ensure proper administration of programs. SDHDA receives clean audits.

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

SDHDA has extensive experience in leveraging of federal funds. As indicated above, SDHDA administers a variety of housing programs and in addition, SDHDA is also the administrator of the Housing Tax Credit Program. SDHDA works to utilize multiple funding partners and programs to effectively administer programs. The housing finance programs administered by SDHDA all require matching funds which encourages partnerships, support or "buy in" by communities, and creates a vested interest in success.

SDHDA encourages leveraging with financial resources, services, or other

components of the transaction. Leveraging partners are those who provide similar services or products, and will have a vested interest in successful program results.

An example of leveraging is with SDHDA's HMIS grant. The total annual expenses of the HMIS program in FYE 2017 was \$83,400 of which CoC grant was \$39,684. The remaining expenses were paid for by private, local and federal programs as well as match and leveraging from SDHDA.

**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.**

SDHDA employs the SD CoC Administrator and the SD CoC HMIS Administrator. These positions are both supervised by the Director of Rental Housing Development at SDHDA and this allows for streamlined communication and efficiencies. The SDHDA Director of Rental Housing Development reports to the Executive Director of SDHDA whom is appointed by and serves at the pleasure of the Governor of South Dakota. A SD Governor appointed board oversees and has oversight of the functions of SDHDA.

There are appropriate formal and structured internal and external coordination and financial accounting systems in place as required by federal rules, state requirements, and statutes. Invoicing is reviewed by the CoC Administrator or HMIS Administrator, approved by the Director of Rental Housing Development and then processed for payment by the finance department.

Annually SDHDA is audited by a third party auditing firm and also the South Dakota Department of Legislative Audit to ensure compliance with program administration, separation of duties and proper financial transactions.

**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

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

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

**2. Project Name:** SD-500 CoC SSO CES FY2017

**3. Project Status:** Standard

**4. Component Type:** SSO

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

### **3B. Project Description**

**1. Provide a description that addresses the entire scope of the proposed project.**

South Dakota-500 CoC is South Dakota Housing for the Homeless Consortium (SDHHC). SDHHC is comprised of service providers, government officials, nonprofit groups, and concerned individuals throughout South Dakota and is currently implementing a Coordinated Entry System (CES). The statewide CoC covers a vast geography and includes urban and rural areas as well as nine Tribal Indian Reservations. South Dakota has a population of 865,000 and covers 77,184 square miles.

The SDHHC engaged in a CES design lab in August 2017 which brought together stakeholders statewide, with the guidance of a contracted consulting firm, to create action steps for the implementation of a statewide CES. The purpose of this application is to fund the implementation of the recommendations created from the CES Design Lab.

The SDHHC CES is designed to coordinate outreach, intake, assessment, and referral processes and represents a significant shift in current practices for the SDHHC and reflects national best practices and will correlate with federal funding requirements. The funds will be utilized for costs associated with implementation of CES in the state wide CoC including; creating and funding CES Program Manager position for oversight of CES implementation process; travel costs to coordinate regional meetings and develop regional access sites; development and management of by-name master list; 211 Helpline implementation as an access point; and associated HMIS expenses for programing modifications, training and additional user fees.

The CES Program Manager position will be a contractual position for a two year period with additional funding sources being provided by SDHDA, foundations and local sources.

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

The SD Coordinated Entry System is currently being implemented with Design Lab Recommendations. The CES Project Manager will be hired and employed by December 31, 2017, to ensure full implementation. Prior to the hiring, the Policy and Advisory Council (governing board for SDHC) and the Coordinated Entry Workgroup will continue to define timeline, create action steps and accomplish tasks.

The SDHHC quarterly meeting on October 25, 2017 will formalize the workgroups, action steps and specific goals and timelines. The outline mapping of CES implementation infrastructure will be presented, regular workgroup meetings will be scheduled, and regional access points will be determined. Several of the workgroups such as HMIS and Coordinated Entry will meet prior to the October 25th meeting and will outline action steps they are in process of

implementing.

The next SDHHC meeting will be held December 6, 2017, at which time the workgroups will provide the draft CES Policies and Procedures Manual, highlight proposed changes to HMIS, present CES assessment for approval, present program models for approval and finalize the strategy for roll out of the program models.

Implementation of CES will be an ongoing process beyond the January 2018 date and the CES Project Manager will oversee the workgroups, provide assistance when necessary, organize meetings, and ensure timelines are being met.

**\* 3. Please identify the project's specific population focus.**

**(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**4. Please select the type of SSO project:** Coordinated Entry

**4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area?** Yes

**4b. Will the coordinated entry process funded in part by this grant be easily accessible?** Yes

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

The CoC plans to use a combined multifaceted approach to advertising strategy by incorporating press releases, print media like posters and pamphlets, public services announcements via television and radio, and social media plat forms. The CoC will partner with stakeholders involved in social services and mainstream benefits for posting messages and fliers in places frequented by those seeking help with housing related concerns. Information will also be shared with local communities and state agencies to broaden awareness.

The 211 Helpline will be a statewide access point. 211 is accessible statewide via toll free number or accessing their website and is currently a well-known resource.

**4d. Does the coordinated entry process use a comprehensive, standardized assessment process?** Yes

**4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.**

The CES will create a centralized referral process incorporating the use of two physical access points in each of four regions within the state, coupled with the use of a toll free call-in referral process utilizing 211 Helpline. Due to the geography and transportation barriers throughout the State, the hotline/call-in and technology option is a necessary part of CES.

The access points will incorporate standardized and consistent intake, assessment, diversion and referral protocols at the system level to increase consistency and fairness in determining housing and service needs. The physical access points are places that a majority of people experiencing homelessness are already visiting.

CES will utilize VI-SPDAT for prioritization purposes and identify the most vulnerable households. Three versions of the VI-SPDAT adapted for subpopulations will be included in the HMIS database. The assessments will be different for families, young adults, and single adults. Prevention and diversion tools will also be incorporated.

Upon completion of the assessment, the process moves to determination of eligibility for specific housing. Determining eligibility criteria will look at both regulatory requirements and effectiveness of specific housing intervention.

**4f. 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 five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?** Yes

### **3C. Project Expansion Information**

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



## **5D. Discharge Planning Policy**

**1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?** Yes

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** Reallocation

**3. Does this project propose to allocate funds according to an indirect cost rate?** Yes

**Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.**

**Applicants with an approved indirect cost rate must submit a copy of the approval with this application.**

**a. Please complete the indirect cost rate schedule below**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
South Dakota Housing Development Authority	61%	\$73,635.00

**b. Has this rate been approved by your cognizant agency?** Yes

**c. Do you plan to use the 10% de minimis rate?** No

**4. Select a grant term:** 1 Year

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

**Supportive Services**

## 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	211 call center implementation	\$30,000
2. Assistance with Moving Costs		
3. Case Management	CES Program Manager @ .75 FTE \$45,000, CoC Coordinator @ .20 FTE \$12,831, Data Analyst @ .25 FTE \$17,313	\$75,144
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$105,144
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$105,144

**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:	\$26,361
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$26,361

**1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**      No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	South Dakota Hous...	09/26/2017	\$26,361

## Sources of Match Detail

- 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:** South Dakota Housing Development Auhtority  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 09/26/2017
- 6. Value of Written Commitment:** \$26,361

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field 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	\$0	1 Year	\$0
4. Supportive Services	\$105,144	1 Year	\$105,144
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$105,144
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$105,144
10. Cash Match			\$26,361
11. In-Kind Match			\$0
12. Total Match			\$26,361
13. Total Budget			\$131,505

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		



## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. 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:** Mark Lauseng

**Date:** 09/25/2017

**Title:** Executive Director

**Applicant Organization:** South Dakota Housing Development Authority

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/19/2017
<b>1E. SF-424 Compliance</b>	09/19/2017

<b>1F. SF-424 Declaration</b>	09/19/2017
<b>1G. HUD 2880</b>	09/19/2017
<b>1H. HUD 50070</b>	09/19/2017
<b>1I. Cert. Lobbying</b>	09/19/2017
<b>1J. SF-LLL</b>	09/19/2017
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/25/2017
<b>3A. Project Detail</b>	09/19/2017
<b>3B. Description</b>	09/25/2017
<b>3C. Expansion</b>	09/22/2017
<b>5D. Discharge Policy</b>	09/25/2017
<b>6A. Funding Request</b>	09/25/2017
<b>6F. Supp Srvcs Budget</b>	09/25/2017
<b>6I. Match</b>	09/25/2017
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	09/19/2017