

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 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 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/15/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: SD0024

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

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	
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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. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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: Heartland House 3 Rapid Rehousing Program

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 09/01/2018

b. End Date: 08/31/2019

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: Mrs.

First Name: Cindy

Middle Name:

Last Name: Dannenbring

Suffix:

Title: Executive Director

Telephone Number: (605) 256-6518
(Format: 123-456-7890)

Fax Number: (605) 256-2238
(Format: 123-456-7890)

Email: cdannenbring@interlakescap.com

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

Date Signed: 09/15/2017

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: Inter-Lakes Community Action Partnership

Prefix: Mrs.

First Name: Cindy

Middle Name:

Last Name: Dannenbring

Suffix:

Title: Executive Director

Organizational Affiliation: Inter-Lakes Community Action Partnership

Telephone Number: (605) 256-6518

Extension:

Email: cdannenbring@interlakescap.com

City: Madison

County: Lake

State: South Dakota

Country: United States

Zip/Postal Code: 57042

2. Employer ID Number (EIN): 46-0282131

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$158,989.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Heartland House 3 Rapid Rehousing Program
111 North Van Eps Avenue Madison South Dakota

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. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
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reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%

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: Cindy Dannenbring, Executive Director

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

Date Signed: 08/17/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Inter-Lakes Community Action Partnership

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 Federal agency 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;	

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 the accompaniment herewith, is true and

X

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: Mrs.

First Name: Cindy

Middle Name

Last Name: Dannenbring

Suffix:

Title: Executive Director

Telephone Number: (605) 256-6518
(Format: 123-456-7890)

Fax Number: (605) 256-2238
(Format: 123-456-7890)

Email: cdannenbring@interlakescap.com

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

Date Signed: 09/15/2017

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

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: Inter-Lakes Community Action Partnership

Name / Title of Authorized Official: Cindy Dannenbring, Executive Director

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

Date Signed: 09/15/2017

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: Inter-Lakes Community Action Partnership
Street 1: 111 North Van Eps Avenue
Street 2:
City: Madison
County: Lake
State: South Dakota
Country: United States
Zip / Postal Code: 57042

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: Mrs.

First Name: Cindy

Middle Name:

Last Name: Dannenbring

Suffix:

Title: Executive Director

Telephone Number: (605) 256-6518
(Format: 123-456-7890)

Fax Number: (605) 256-2238
(Format: 123-456-7890)

Email: cdannenbring@interlakescap.com

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

Date Signed: 09/15/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes
- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No
- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes
- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: SD0024

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

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

3. Project Name: Heartland House 3 Rapid Rehousing Program

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

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

The target population to be served in ICAP's Heartland House 3 Rapid Rehousing Program will be homeless families with children who are coming directly from the streets or emergency shelters, fleeing domestic violence situations, residing in a TH funded by a joint TH and PH-RRH component project, or other persons who qualify under Paragraph 4 of the definition of homelessness. The majority served will be single female heads-of-household, based on agency experience, but there will be no such requirement for eligibility. We also anticipate that the majority of families will include 2-3 children, most of whom will tend to be under the age of ten. When a family enters the program, a Housing Stabilization Coach (HSC) will complete an intake process, including determining any short-term and intermediate-term needs and issues the family may have. The HSC and the family members will then complete a family housing stabilization 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 housing stabilization 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. #2: Participants will remain in permanent housing for at least 12 months. #3: Participants will increase their total household income. ICAP staff have created 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. Does your project have a specific population focus? Yes

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

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

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. 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	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

4A. Supportive Services for Participants

**1. For all supportive services available to participants, indicate who will provide them 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

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

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

2b. Use of a single application form for four or more mainstream programs? No



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

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

agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 39

Housing Type	Units	Beds
Scattered-site apartments (...)	10	39

4B. Housing Type and Location Detail

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: 505 N Western Avenue

Street 2:

City: Sioux Falls

State: South Dakota

ZIP Code: 57033

**4. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

461518 Sioux Falls

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
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	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
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	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Persons which are 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 issues, but are not disabled.

5C. Outreach for Participants



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.
0%	Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input checked="" type="checkbox"/> |

6C. 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

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$349	\$349	x	12	=	\$0
0 Bedroom		x	\$465	\$465	x	12	=	\$0
1 Bedroom		x	\$593	\$593	x	12	=	\$0
2 Bedrooms	6	x	\$745	\$745	x	12	=	\$53,640
3 Bedrooms	4	x	\$1,015	\$1,015	x	12	=	\$48,720
4 Bedrooms		x	\$1,219	\$1,219	x	12	=	\$0
5 Bedrooms		x	\$1,402	\$1,402	x	12	=	\$0
6 Bedrooms		x	\$1,585	\$1,585	x	12	=	\$0
7 Bedrooms		x	\$1,768	\$1,768	x	12	=	\$0
8 Bedrooms		x	\$1,950	\$1,950	x	12	=	\$0
9 Bedrooms		x	\$2,133	\$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.

6D. 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:	\$53,049
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$53,049

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	Sioux Empire Unit..	06/01/2017	\$29,049
Yes	Cash	Government	City of Sioux Falls	02/08/2017	\$24,000

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: Sioux Empire United Way
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 06/01/2017
- 6. Value of Written Commitment: \$29,049

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Government
- 4. Name the Source of the Commitment: City of Sioux Falls
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 02/08/2017
- 6. Value of Written Commitment: \$24,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$102,360
3. Supportive Services	\$45,543
4. Operating	\$0
5. HMIS	\$576
6. Sub-total Costs Requested	\$148,479
7. Admin (Up to 10%)	\$10,510
8. Total Assistance plus Admin Requested	\$158,989
9. Cash Match	\$53,049
10. In-Kind Match	\$0
11. Total Match	\$53,049
12. Total Budget	\$212,038

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	08/17/2017
2) Other Attachmenbt	No	Match Documentation	08/17/2017
3) Other Attachment	No		

Attachment Details

Document Description: Nonprofit documentation

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

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

Name of Authorized Certifying Official Cindy Dannenbring

Date: 09/15/2017

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

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

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

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The breakout of rental units and corresponding rental assistance.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/17/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2017

1E. SF-424 Compliance	08/16/2017
1F. SF-424 Declaration	08/16/2017
1G. HUD-2880	08/17/2017
1H. HUD-50070	08/16/2017
1I. Cert. Lobbying	08/16/2017
1J. SF-LLL	08/16/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/16/2017
3A. Project Detail	08/16/2017
3B. Description	08/17/2017
4A. Services	08/17/2017
4B. Housing Type	08/17/2017
5A. Households	08/17/2017
5B. Subpopulations	08/17/2017
5C. Outreach	08/17/2017
6A. Funding Request	08/17/2017
6C. Rental Assistance	08/17/2017
6D. Match	08/17/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/17/2017
7B. Certification	08/17/2017
Submission Without Changes	08/17/2017

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

Department of the Treasury

Date: **APR 25 2008**

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

Person to Contact:

Mrs. Jones 31-03886

Toll Free Telephone Number:

877-829-5500

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
Manager, Exempt Organizations
Determinations



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

MAR 9 - 1967

IN REPLY REFER TO
Form M-4280
T:EP:EO:R:3
AWP

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

PURPOSE	
Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT OF INTERNAL REVENUE	
Aberdeen, South Dakota	
FORM 990-A REQUIRED	ACCOUNTING PERIOD ENDING
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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

RECEIVED
JUN 05 2017



Sioux Empire United Way

June 1, 2017

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

Dear Cindy:

Sioux Empire United Way is grateful for the important services your agency provides to people in our area. Funding requests are carefully reviewed by a team of volunteers who make preliminary funding recommendations that are then reviewed by the Community Impact Division Chairs followed by Sioux Empire United Way's Board of Directors. Funding is granted to programs with impactful outcomes and a demonstrated financial need.

Congratulations, Inter-Lakes Community Action Partnership has been granted the following funding amounts for 2018. These amounts are subject to final review after the campaign is complete.

Heartland House:
Child Development Center:

\$116,197
\$ 60,000

Heartland House Rapid Rehousing
\$ 87,148
Heartland House 3 Rapid Rehousing
\$ 29,049

The terms and conditions of accepting this grant are outlined within Sioux Empire United Way's Manual of Policies and Procedures for Funded Agencies. 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.

We are pleased to support your work in our community and hope you will keep us informed of your progress. If you have any questions, please give me a call. Again, congratulations!

Sincerely,

Jay Powell
President

Agreement No. 17-4035
 Project Amount \$24,000.00
 Department No. 18
 Program/Subprogram 089-267
 Finance W. L. Smith
 Director Signature
 Attorney Signature
 Agenda Project Description Heartland House Staffing

AGREEMENT

The parties to this Agreement, in consideration of the mutual covenants and stipulations set out herein, agree as follows:

Agreement made February 8, 2017, between the City of Sioux Falls, SD, hereinafter referred to as the "City" and Inter-Lakes Community Action Partnership, Inc., hereinafter referred to as the "Recipient."

Section One

The City will provide up to \$24,000.00 to the Recipient as a grant. The funds are allocated from the City's general fund. The funds shall be used by the Recipient for Heartland House (I and II combined). All costs in excess of the amount provided by this Agreement shall be paid by the Recipient. The Recipient shall supply, in a form satisfactory to the City, evidence of the commitment of funds from all other sources for use in this program.

Section Two

Inter-Lakes Community Action Partnership, Inc. is a community-based, nonprofit organization that serves primarily low-income families and senior citizens in a 14-county area of east central South Dakota. The Recipient administers a variety of programs to assist participants and their communities to achieve full potential.

Heartland House is a housing program for homeless families with children. Participants in the program are provided with affordable housing and intensive family case management services aimed at assisting each family to achieve and maintain their optimal level of self-sufficiency. The funding provided by this Agreement is to support 35 housing units.

Section Three

The Recipient agrees to certify that the requests for payment are correct and valid expenditures for the purposes described herein. The Recipient shall maintain proper documentation to support all claims for reimbursement. Each request shall include documentation of the total program cost for that period. Each request shall also be

Prepared By: Al Roettger
 City of Sioux Falls (Community Development)
 235 West Tenth Street, PO Box 7402
 Sioux Falls, SD 57117-7402
 (605) 367-8180

accompanied by a report of persons assisted, including but not limited to ethnicity (Hispanic, or not Hispanic), race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or White), and income level. A final report of accomplishments shall be submitted to the City by January 7, 2018. Four quarterly payments shall be made for each three-month period (January through March, April through June, July through September, and October through December) with a total reimbursement not to exceed \$24,000.00. The Recipient shall submit requests for reimbursement within seven days of the end of each quarter; however, the final pay request shall be submitted to the City prior to December 24, 2017. Quarterly payments shall not exceed \$6,000.00.

Section Four

The funding being provided pursuant to this Agreement is an authorized budget item of the City for calendar year 2017. If the financial condition of the City should change during the term of this Agreement to the extent that the City would or might have insufficient yearly revenue to meet all of its budgeted expenditures, this Agreement may be modified and the funding provided for herein reduced by a percentage amount equal to the percentage amount by which the City's 2017 general fund operating budget is negatively impacted by spending restraints implemented at the direction of the City's Mayor. By way of illustration, if the Mayor would issue expenditure restraints reducing actual expenditures under the 2017 general fund operating budget by 3 percent, the funding provided for in this Agreement may also be reduced by 3 percent. Any reduction so imposed shall be at the sole discretion of the City.

Section Five

The Recipient shall cause its contractors, subcontractors, agents, and employees to comply with all federal, state, and local laws, regulations, ordinances, guidelines, and requirements, and shall adopt such review as necessary to assure such compliance. In the event of conflict between federal, state, and local laws, regulations, ordinances, guidelines, and requirements, compliance with the more restrictive of such shall be deemed compliance with the less restrictive of such.

Section Six

It is agreed that the application of the Recipient, including those materials submitted in support thereof, are by this reference incorporated therein as if set out in full. The Recipient will not substantially depart from the description of the project as set forth therein. All changes that would alter the purpose or scope of the program shall be submitted in writing to the City. No such changes or modifications may be made without the prior written approval of the City.

Section Seven

The Recipient, its contractors, subcontractors, agents, and employees shall be subject to the provisions of Chapter 13 of the Civil Rights Act of 1964 (P.L. 88-352), the Age Discrimination Act of 1975, and Section 109 of the Handicapped and Disabilities Act as

amended. It is declared discrimination for the Recipient, its contractors, subcontractors, agents, and employees because of race, color, sex, creed, religion, ancestry, national origin, disability, and familial status (children under 18) to:

1. Deny an individual any facilities, services, financial aid, or other benefits provided under the program or activity.
2. Provide any facilities, services, financial aid, or other benefits, which are different, or provided in a different form, from that provided to others under the program or activity.
3. Subject an individual to segregated or separate treatment in any facility in, or in any matter of process related to receipt of any service or benefit under, the program or activity.
4. Restrict an individual in any way in access to, or in the enjoyment of, any advantage or privilege enjoyed by others in connection with facilities, services, financial aid, or other benefits provided under the program or activity.
5. Treat an individual differently from others in determining whether the individual satisfies any admission, enrollment, eligibility, membership, or other requirement or condition which the individual must meet in order to be provided any facilities, services, or other benefit provided under the program or activity.
6. Deny an individual an opportunity to participate in a program or activity as an employee.

If the Sioux Falls Commission on Human Relations, in a proceeding brought as provided by the Code of Ordinances of the City, finds that the Recipient, its designated representative, contractor, subcontractor, agent, employee, or supplier has engaged in discrimination in connection with this Agreement, a cease and desist order shall be issued. The City shall withhold payment until the Commission's order has been complied with or the Recipient, its designated representative, contractor, subcontractor, agent, employee, or supplier has been adjudicated not guilty of such discrimination.

If the Recipient or its designated representative, contractor, subcontractor, agent, employee, or supplier is found guilty of discrimination, this agreement may be terminated in whole or in part by the City.

Section Eight

The Recipient hereby agrees to hold the City harmless from any and all claims or liability including attorney's fees arising out of this Agreement, and for bodily injury or property damage arising out of this Agreement, providing that such claims or liability are the result of an act, error, or omission of the Recipient and/or its employees or agents arising out of this Agreement.

Section Nine

The Recipient shall maintain records and allow access by the City or their designated representatives, to any books, documents, papers, and records that are directly pertinent to this Agreement for the purposes of making an audit, examination, excerpts, or transcriptions, or to ascertain compliance with the provisions of this agreement.

Section Ten

The terms of this Agreement shall cover the period from January 1, 2017, to December 31, 2017. Any remaining unexpended funds shall revert to the City. Any income generated by this program shall revert to the City.

Section Eleven

This Agreement shall not be assigned or transferred.

Section Twelve

Any notice of one party to the other shall be in writing to the parties as follows:

To the City:

Department of Community Development
235 West Tenth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402

To the Recipient:

Inter-Lakes Community Action Partnership, Inc.
P.O. Box 268
Madison, SD 57042-0268

Section Thirteen

1. This Agreement may be terminated for noncompliance of the Recipient. The City may terminate the Agreement for cause upon ten (10) days written notice, documentation of the reasons thereof, and an opportunity for a hearing. The determination of the City as to the cause of termination shall be final.
2. This Agreement may be terminated for convenience with the written consent of both parties.

If the Agreement is terminated for noncompliance, any funds previously expended to the Recipient or contractor on behalf of the Recipient may immediately become due and payable to the City.

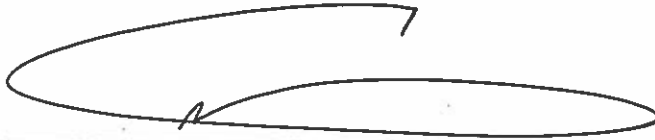
Section Fourteen

This Agreement contains the entire agreement between the parties. No statement, promises, or inducements made by either party or agent that are not contained in this Agreement shall be valid or binding; and this Agreement may not be enlarged, modified, or altered except in writing signed by the parties and endorsed herein.

IN WITNESS THEREOF, the parties have executed this Agreement the day and year first above written.

CITY OF SIOUX FALLS
224 WEST NINTH STREET
P.O. BOX 7402
SIOUX FALLS, SD 57117-7402

INTER-LAKES COMMUNITY ACTION
PARTNERSHIP
P.O. BOX 268
MADISON, SD 57042-0268



MIKE HUETHER
MAYOR




CINDY DANNENBRING
EXECUTIVE DIRECTOR

ATTEST:



BRENDA HANTEN
BOARD PRESIDENT


CITY CLERK, *asst.*

460282131

Federal Tax ID No.

