

## 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 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:** 08/27/2019

**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:** Volunteers of America, Dakotas

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 23-7353508

	<b>c. Organizational DUNS:</b>	179901921	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1309 W. 51st Street

**Street 2:** PO Box 89306

**City:** Sioux Falls

**County:** Minnehaha

**State:** South Dakota

**Country:** United States

**Zip / Postal Code:** 57109-9306

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Deb

**Middle Name:**

**Last Name:** Rice

**Suffix:**

**Title:** Grants Director

**Organizational Affiliation:** Volunteers of America, Dakotas

**Telephone Number:** (605) 339-1199

**Extension:** 323  
**Fax Number:** (605) 335-5514  
**Email:** d.rice@voa-dakotas.org

## 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-6300-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:** Axis180

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

**a. Applicant:** SD-000

**b. Project:** SD-000

(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2019

**b. End Date:** 12/31/2019

**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: Mr.

First Name: Dennis

Middle Name:

Last Name: Hoffman

Suffix:

Title: President & CEO

Telephone Number: (605) 339-1199  
(Format: 123-456-7890)

Fax Number: (605) 335-5514  
(Format: 123-456-7890)

Email: d.hoffman@voa-dakotas.org

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

Date Signed: 08/27/2019

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Volunteers of America, Dakotas

**Prefix:** Mr.

**First Name:** Dennis

**Middle Name:**

**Last Name:** Hoffman

**Suffix:**

**Title:** President & CEO

**Organizational Affiliation:** Volunteers of America, Dakotas

**Telephone Number:** (605) 339-1199

**Extension:** 323

**Email:** d.hoffman@voa-dakotas.org

**City:** Sioux Falls

**County:** Minnehaha

**State:** South Dakota

**Country:** United States

**Zip/Postal Code:** 57109-9306

**2. Employer ID Number (EIN):** 23-7353508

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

**4. Amount of HUD Assistance Requested/Received:** \$164,351.00

(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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Dennis Hoffman, President & CEO

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

**Date Signed:** 08/27/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Volunteers of America, Dakotas

**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 certify that the information provided on this form and in any accompanying**

X
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**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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:** Dennis

**Middle Name**

**Last Name:** Hoffman

**Suffix:**

**Title:** President & CEO

**Telephone Number:** (605) 339-1199  
**(Format: 123-456-7890)**

**Fax Number:** (605) 335-5514  
**(Format: 123-456-7890)**

**Email:** d.hoffman@voa-dakotas.org

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

**Date Signed:** 08/27/2019

## **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:** Volunteers of America, Dakotas

**Name / Title of Authorized Official:** Dennis Hoffman, President & CEO

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

**Date Signed:** 08/27/2019

# 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:** Volunteers of America, Dakotas

**Street 1:** 1309 W. 51st Street

**Street 2:** PO Box 89306

**City:** Sioux Falls

**County:** Minnehaha

**State:** South Dakota

**Country:** United States

**Zip / Postal Code:** 57109-9306

**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:** Dennis

**Middle Name:**

**Last Name:** Hoffman

**Suffix:**

**Title:** President & CEO

**Telephone Number:** (605) 339-1199  
**(Format: 123-456-7890)**

**Fax Number:** (605) 335-5514  
**(Format: 123-456-7890)**

**Email:** d.hoffman@voa-dakotas.org

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

**Date Signed:** 08/27/2019

## 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.**

For more than four decades, VOAD has been working to prevent and end youth homelessness, specifically through Family Youth Service Bureau funding including; the Basic Center Program since 1976, street outreach since 1997 and TLP since 1999. In FY18, these three programs served a total of 268 youth.

The agency’s Basic Center Program provides outreach, 24/7/365 crisis intervention through a toll-free crisis line, temporary shelter, counseling, aftercare and supportive services to runaway and homeless youth in the Sioux Falls metro area. The agency’s Street Outreach Program, which currently operates without federal funding, provides on-street outreach, resources and case management to youth experiencing homelessness.

VOAD has a demonstrated ability to effectively operate supportive housing projects that help young people make the transition to sustainable living and well-being. In FY18, 75% of youth served made progress on education and employment goals and 100% reported a connection to a positive permanent supportive adult in their life. This project will be staffed by a team of trained, professional staff experienced working with vulnerable populations. The organization successfully executed services as a recipient of both ESG and Rapid Re Housing Funding for previous projects serving homeless Veterans and young adults respectively. The organization’s services and programs are funded through a variety of federal funding partners including the Family Youth Service Bureau, Veterans Administration and SAMSHA. The organization has the programmatic and fiscal support capacity to successfully execute the Axis180 project.

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

Sustainability for the organization's programs, including Axis180, is routinely leveraged through multiple funding streams including state contract service dollars from the SD Department of Corrections-Juvenile Services, SD Department of Social Services-Department of Child Protection, the Sioux Empire United Way, DHHS Family Youth Service Bureau TLP grant(s) and public contributions.

**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.**

VOAD is experienced in managing multiple federal grants, including the Administration on Children, Youth and Families’ Street Outreach, Basic Center,

Transitional Living Program, Healthy Marriage and Relationship Education, and Regional Partnership Grants. VOAD has never experienced a problem with providing services in compliance with DHHS or other regulatory requirements and regulations or in meeting contractual obligations. The Managing Director of Children, Youth & Families, who is responsible for oversight of program compliance, is experienced in managing federal grants and working with partners to ensure they are adhering to federal and programmatic regulations.

VOAD participates in annual independent audits, and the latest audit had no significant findings. State and federal agencies have reviewed VOAD's fiscal system and found it to be compliant with Generally Accepted Accounting Procedures (GAAP). VOAD employs several safeguards to ensure financial oversight, including: segregation of duties; unique cost centers for each restricted grant fund; physical and IT security; and a computerized accounting system compatible with DHHS and HUD requirements. In addition, VOAD follows the Financial Accounting Standards Board (FASB) accounting procedures in reporting data for federal grants. Specific grant procedures include:

Each grant will be assigned to an accountant in the Finance Department and, after the accounts payable process has been closed for the previous month and other relevant expense entries have been made, the accountant will use general ledger cost center details to update the appropriate grant spreadsheet and refer any questions to the program staff responsible for the grant.

A receivable and grant revenue will be recorded to reimburse the agency expenses for the month.

Grant spreadsheets are reviewed by the Controller and sent to the responsible program staff for their review. Monthly meetings are held between Finance and program staff to review grant activity.

Grant draw requests from the Payment Management and other applicable systems are made by the CFO.

**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:** Axis180

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

**8. Does this project include Replacement Reserves?** No

### 3B. Project Description

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

Axis180 features 21 semi-supervised apartments (19 one-bedroom and 2 two-bedroom), for a capacity of 21 youth. This proposal will fund five apartments and provide support for Rapid Re Housing leasing in the community as youth transition into community based housing. Through this project, 10 youth will be served annually.

Apartments will be fully furnished with furniture, household supplies and startup groceries. Case Managers work day-time and evening hours, with staff on-site for an awake overnight shift seven days a week. The facility is accessible by public transportation with passes provided to youth.

Axis180 utilizes a Positive Youth Development (PYD) approach which emphasizes social and emotional well-being and youth's strengths.

Continuum Service Linkages: Coordination with other systems of care providers ensures comprehensive services to youth.

SD DSS- Economic Assistance & Child Protection

Area school districts- Education services

Compass center-Rape crisis and advocacy

City of Sioux Falls-low cost health care

SD Dept of Labor and Regulation-Employment training

VOAD Programs- childcare, mental health and substance use services.

Case Management: Staff conduct initial screenings and ongoing assessments to develop written Individualized Service Plans and Aftercare Plans for youth. The Individualized Plan will include the youth's goals and the evidence-informed strategies and activities required to achieve those goals.

Child Care: When serving youth with infants or children, Axis180 will develop a written child care plan to link youth and their children to safe, affordable and accessible child care and early childhood developmental services. Referrals include Supplemental Nutrition Assistance Program (SNAP), (TANF), Head Start, Women, Infants and Children (WIC).

Once the youth's skills demonstrate that they are ready for a more independent living arrangement, staff assist in developing a written plan for aftercare services and assist the youth in making a transition to community-based housing. Youth who experience homelessness face unique barriers including the inability to sign a lease prior to age 18 and lack of service connections for completing their high school diploma or GED. Once these barriers are addressed it is feasible that when gainfully employed young adults can transition into market rate housing in the community; thus may not require the scope and breadth of supports a chronically homeless adult might need. The organization's experience in providing targeted services to the young adult population coupled with community based supports in this model we believe the number of units proposed will meet the needs of young adults experiencing homelessness in Sioux Falls.

Aftercare services focus on addressing barriers that may interfere with the achievement of their goals; providing proactive strategies to encourage continued engagement in education and employment and retention of housing.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement			
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	45			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			
Rehabilitation completed?	0			
New construction started?	0			
New construction completed?	0			

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

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

**(Select ALL that apply)**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>

Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**5. Housing First**

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

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

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"/>

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

Failure to participate in supportive services	<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"/>

**d. Will the project follow a "Housing First" approach?** Yes  
(Click 'Save' to update)

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

None noted.

**7. Will participants be required to live in a particular structure, unit, or locality, at some** Yes

**point during the period of participation?**

**Explain how and why the project will implement this requirement.**

Axis180 support services for transitional housing units are specifically designed for youth and young adults who are experiencing homelessness. Additional supports are provided on site in transitional housing units including case management, life skills education, crisis on call and behavioral health services. The environment specifically designed for youth ensures their unique needs can be met in a supportive environment.

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

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

This new project will cover an expanded service area that includes Sioux Falls (the largest city in the state with a population of 180,000) and the surrounding communities of Brandon, Harrisburg and Tea, SD. As these suburbs grow, they are now experiencing many of the same needs as Sioux Falls. The growth also means the boundaries between communities have become less distinguishable. Both Brandon-Valley and Harrisburg school districts have schools located within Sioux Falls city limits. As a result, expanded outreach to these suburbs is necessary to fully address the problem of youth homelessness in the area.

In recent years, the number of people experiencing homelessness in South Dakota, including Sioux Falls and the adjacent communities, has grown. From 2010-2016, homelessness in South Dakota increased by 46.6% – the second largest increase of any state over that time period. Homelessness continues to be an issue on the local level as well. The 2019 Sioux Falls Homeless Count identified 334 individuals experiencing homelessness on a given night, 53 of whom were children or young adults. Point-in-time homeless counts are one-day snapshots that tend to be undercounted and are heavily influenced by factors such as county coverage, number of volunteers and weather, which is an especially important factor during South Dakota’s winters when the counts take place. Numbers collected by Harrisburg and Sioux Falls School Districts reflect a larger population of youth experiencing homelessness. VOAD believes that outreach to Tea and Brandon will result in an increase in homeless students from those communities being identified and subsequently served.

Homeless Students by School District, 2018-2019 School Year  
Sioux Falls: Total students: 1,115 Students Ages 16-21: 76  
Harrisburg: Total Students: 15 Students Ages 16-21: 12

Despite the rising number of young people experiencing homelessness in the Sioux Falls area and across the state, targeted services to this population are still extremely limited. VOAD’s Axis180 is the only transitional living program in the entire state that is focused on serving runaway and homeless youth ages 16 to under 26.

Multiple factors have contributed to the prevalence of youth homelessness in the proposed service area, including:  
Economic factors: While Sioux Falls experienced a decline in overall poverty in

2017, many youth and young adults have been left behind. Nearly 50% of elementary students, 43% of middle school students and 35% of high school students in Sioux Falls qualify for free or reduced lunch – and indicator of poverty . The percentage of students in Brandon and Harrisburg who qualify for free or reduced lunch is on the rise as well. In 2017, an estimated 86 youth ages 16-17 were living on their own without any family members in Sioux Falls, and 64% of these youth were living in poverty. Young adults ages 18-24 living on their own also experienced high rates (33%) of poverty.

Affordable housing shortage: For every 100 families at or below 30% Median Family Income, Sioux Falls only has 39 affordable units available. At the same time, fair market rent prices are out of reach for many young people. Today, the hourly wage needed to afford a two-bedroom apartment in the Sioux Falls metro area, which includes Brandon, Harrisburg and Tea, is \$15.02; however, minimum wage in the state is just \$9.10, and the average hourly wage of a renter is just \$13.27. This makes affording a place to live extremely difficult for youth and young adults, who often have minimal education and job experience and work in low-paying, entry level jobs.

Trauma, abuse and neglect: More than one in five South Dakota youth experience two or more Adverse Childhood Experiences (ACEs) before they turn 18. ACEs have been linked to a variety of negative outcomes later in life, including homelessness. During Fiscal Year 2018, Child Protection Services in South Dakota responded to nearly 2,000 child abuse and neglect cases, including 116 children for physical abuse, 45 for sexual abuse, 1,760 for physical neglect and 28 for emotional maltreatment. Often, youth in these situations run away in order to remove themselves from an immediately painful situation, but have no plan for what to do next.

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

The apartment complex housing transitional housing units is newly constructed; scheduled to be open January 2020. The complex is located in a residential neighborhood close to schools, retail and employment opportunities, with a bus stop located directly across the street there is easy access to public transportation. Tenants have easy access to child care, public parks, retail, employment and education opportunities within walking distance and accessible via public transportation.

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

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

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

Once the youth and Case Manager agree that the youth's skills demonstrate that they are ready for a more independent living arrangement, staff develop a written plan for aftercare services and assist the youth in making a safe and appropriate exit from the program by finding and securing community-based housing. The aftercare plan will include what services were provided and appropriate referrals necessary to help the young person sustain their permanent housing and continue to progress toward goals. Support services including weekly visits to the youth's apartment will focus on helping youth overcome barriers implementing strategies to encourage continued engagement in education and employment and retention of housing. Services will also include ongoing referrals and counseling related to insurance coverage, safety and other resources as needed.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

VOAD has established Memorandums of Understanding (MOUS) for service coordination and referrals with the providers listed below in order to maximize the use of existing resources while ensuring the comprehensive needs of youth are met, especially in the areas of social and emotional wellbeing, permanent connections, education, employment, and safe and stable housing. Partners are selected based on their experience and expertise working with vulnerable populations.

South Dakota Housing for the Homeless Consortium Coordinated Entry System  
 South Dakota Department of Social Services Referrals, economic assistance,  
 Child Protection Services, Medicaid, determining guardianship for those who  
 have run away from child welfare custody  
 South Dakota Department of Corrections: Referrals, determining guardianship  
 for those who have run away from juvenile corrections custody  
 Sioux Falls, Brandon Valley, Harrisburg, Tea school districts Homeless  
 Liaisons: Referrals, education services, advocacy, transportation  
 Compass Center: Referrals, rape crisis services, sexual assault services,  
 dating violence services, human trafficking victims services, consultation for  
 staff and youth on safety, trafficking and relationship violence  
 City of Sioux Falls: Health services  
 South Dakota Department of Labor and Regulation: Referrals, vocational  
 training, WIOA programming

Youth are referred to each partner following assessment of needs during the enrollment process. Case managers assist in setting up appointments and accompanying youth providing transportation as well as a "warm hand off" to ensure youth are connected as quickly as possible to supports that meet their needs. Case managers are responsible for reviewing on a monthly basis the needs of youth and communicating progress in each program area.

**4. 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	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Daily
Child Care	Partner	As needed
Education Services	Partner	Weekly
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Weekly
Housing Search and Counseling Services	Partner	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Applicant	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	Monthly
Utility Deposits	Partner	As needed

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

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

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

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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 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.

### List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
<b>Total Units:</b>	21	5	26
<b>Total Beds:</b>	23	6	29

  

Housing Type	Housing Type (JOINT)	Units	Beds
---	Clustered apartments	21	23
---	Scattered-site ap...	5	6

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

1b. Is this a private or semi private room? Yes

2. Housing Type: Clustered apartments

3. What is the funding source for these units and beds? Mixed Funding  
(If multiple sources, select "Mixed" from the dropdown menu)

Please enter "Other" or "Mixed Funding" source: CoC, State contracts, Federal grants, United Way

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

a. Units: 21

b. Beds: 23

### 5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 3201 S Theodore

**Street 2:**

**City:** Sioux Falls

**State:** South Dakota

**ZIP Code:** 57105

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

461518 Sioux Falls

## **4B. Housing Type and Location Detail**

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH RRH portion or the RRH portion of the project?**

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

**3. What is the funding source for these units and beds? CoC**  
**(If multiple sources, select "Mixed" from the dropdown menu)**

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

**a. Units:** 5

**b. Beds:** 6

### **5. Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 1309 W 51st St

**Street 2:**

**City:** Sioux Falls

**State:** South Dakota

**ZIP Code:** 57109

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

469099 Minnehaha County, 461518 Sioux Falls,  
469083 Lincoln County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	4	5	5	14
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
<b>Adults over age 24</b>	2	2		4
<b>Persons ages 18-24</b>	2	3		5
<b>Accompanied Children under age 18</b>	4		5	9
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	8	5	5	18

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	0	0	0	2
Persons ages 18-24	0	0	0	0	0	0	0	0	0	2
Children under age 18	0			0	0	0	0	0	0	4
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	8

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	0	0	0	2
Persons ages 18-24	0	0	0	0	0	0	0	0	0	3
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	5

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18	0			0	0	0	0	0	0	5
Unaccompanied Children under age 18	0			0	0	0	0	0	0	0
<b>Total Persons</b>	0				0	0	0	0	0	5

**Click Save to automatically calculate totals**

**Describe the unlisted subpopulations referred to above:**

Sub populations served under this project are unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** CoC Bonus

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

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

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

Leased Units	X
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	X
HMIS	X

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 6C. Leased Units

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

<b>Total Annual Assistance Requested:</b>		\$40,044	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$40,044	
<b>Total Units:</b>		5	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
SD - Sioux Falls,...	5	\$40,044	\$40,044

# Leased Units Budget Detail

## Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

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

## Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$401		x	12	=	\$0
0 Bedroom		x	\$535		x	12	=	\$0
1 Bedroom	4	x	\$639	\$639	x	12	=	\$30,672
2 Bedroom	1	x	\$781	\$781	x	12	=	\$9,372
3 Bedroom		x	\$1,045		x	12	=	\$0
4 Bedroom		x	\$1,217		x	12	=	\$0
5 Bedroom		x	\$1,400		x	12	=	\$0
6 Bedroom		x	\$1,582		x	12	=	\$0
7 Bedroom		x	\$1,765		x	12	=	\$0
8 Bedroom		x	\$1,947		x	12	=	\$0
9 Bedroom		x	\$2,130		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	5							\$40,044
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$40,044

Click the 'Save' button to automatically calculate totals.

## 6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$40,044
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	SD - Sioux Falls, SD MSA (4608399999)	5	\$40,044

# Rental Assistance Budget Detail

## Instructions:

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

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

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

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

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

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

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

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

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance: TRA**

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
---------------	------------------------	----------------------	-----------	---------------------------

<b>SRO</b>		x	\$401	x	12	=	\$0
<b>0 Bedroom</b>		x	\$535	x	12	=	\$0
<b>1 Bedroom</b>	4	x	\$639	x	12	=	\$30,672
<b>2 Bedrooms</b>	1	x	\$781	x	12	=	\$9,372
<b>3 Bedrooms</b>		x	\$1,045	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,217	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,400	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,582	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,765	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$1,947	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,130	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	5						\$40,044
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$40,044

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

## 6F. Supportive Services Budget

**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		\$0
2. Assistance with Moving Costs		\$0
3. Case Management	.10 FTE Director (\$4,784) 1.72 FTE Case manager (\$62,615)	\$67,399
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	Bus passes \$30/monthly pass x 25 passes	\$750
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$68,149</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$68,149</b>

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

## 6G. Operating

**Instructions:**

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

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

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

Annual Assistance Requested: This is a required field. 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 operating the housing or supportive services facility.

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. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture	\$300 for household start up	\$300
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		\$300
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$300

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

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	HMIS user fee \$75/month x 1 user x 12 mo	\$900
3. Services		
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$900
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$900

**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:	\$41,095
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$41,095

**1. Will 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...	06/17/2019	\$41,095

## 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:** 06/17/2019

**6. Value of Written Commitment:** \$41,095

## 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	\$40,044	1 Year	\$40,044
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$40,044	1 Year	\$40,044
4. Supportive Services	\$68,149	1 Year	\$68,149
5. Operating	\$300	1 Year	\$300
6. HMIS	\$900	1 Year	\$900
7. Sub-total Costs Requested			\$149,437
8. Admin (Up to 10%)			\$14,914
9. Total Assistance Plus Admin Requested			\$164,351
10. Cash Match			\$41,095
11. In-Kind Match			\$0
12. Total Match			\$41,095
13. Total Budget			\$205,446

**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	Match letter	08/08/2019
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Match letter

## **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 part 578 or 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.**

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.**

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 provide

**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:** Dennis Hoffman

**Date:** 08/27/2019

**Title:** President & CEO

**Applicant Organization:** Volunteers of America, Dakotas

**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).**

**Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B. Submission Summary

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

Page	Last Updated	
New Project Application FY2019	Page 55	09/26/2019

<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>	08/08/2019
<b>1E. SF-424 Compliance</b>	08/06/2019
<b>1F. SF-424 Declaration</b>	08/08/2019
<b>1G. HUD 2880</b>	08/08/2019
<b>1H. HUD 50070</b>	08/08/2019
<b>1I. Cert. Lobbying</b>	08/08/2019
<b>1J. SF-LLL</b>	08/08/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/27/2019
<b>3A. Project Detail</b>	08/08/2019
<b>3B. Description</b>	08/27/2019
<b>3C. Expansion</b>	08/08/2019
<b>4A. Services</b>	08/27/2019
<b>4B. Housing Type</b>	08/08/2019
<b>5A. Households</b>	08/08/2019
<b>5B. Subpopulations</b>	08/08/2019
<b>6A. Funding Request</b>	08/08/2019
<b>6C. Leased Units</b>	08/08/2019
<b>6E. Rental Assistance</b>	08/08/2019
<b>6F. Supp Srvcs Budget</b>	08/08/2019
<b>6G. Operating</b>	08/08/2019
<b>6H. HMIS Budget</b>	08/08/2019
<b>6I. Match</b>	08/08/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/08/2019
<b>7D. Certification</b>	08/08/2019



Sioux Empire United Way

June 17, 2019

Dennis Hoffman  
Volunteers of America, Dakotas  
1309 W. 51<sup>st</sup> Street  
Sioux Falls, SD 57105

Dear Dennis:

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.

Your organization has been granted the following funding amounts for 2020. These amounts are contingent upon United Way reaching its campaign goal and are subject to final review after the campaign is complete. Once this process is finalized, an email will be sent outlining the disbursement details.

Kidz Count:	\$ 52,000
Veterans Services Center:	\$ 30,000
Child Care:	see below
Counseling Services:	\$ 82,580
<i>Reimbursement terms: \$14/session, up to \$82,580.</i>	

Look Up and Hope:	\$ 41,505
Youth Center:	\$ 55,245
Runaway & Homeless Youth Services:	\$ 30,000
Axis 180:	\$ 59,000

*Reimbursement terms: \$85/night (specific to homeless youth), up to \$59,000.*

- Kidz Count: When approving funding for 2019, the volunteers included funding to increase the director's hours as well as provide salary increases. The volunteers were disappointed that the raises were not given. This year's increase in funding is specifically for the expansion of the summer program. Please notify United Way if the plans for the summer program change. In addition, within future applications, the volunteers ask that you separate out the number of students for summer vs. the number of students during the school year.
- Veterans Services Center: If requesting funding for expanded services in the future, for better accountability, the volunteers would need to see clear measurable (i.e. attendance breakdown by day of the week, holiday, etc.). In addition, perhaps VOA could consider piloting the expanded days so there is data to support the additional request for expansion.

- Childcare: United Way representatives, including staff and Board leadership, would like to meet with VOA staff and Board leadership to further discuss the childcare specific decision. We request that both your current Board Chair and Vice-Chair attend this meeting. United Way staff will follow-up with potential date options.
- Counseling Services: The Counseling team recommended the increase in funding for 2019 based on VOA's plan to hire an additional .79 FTE; however, since this position was not filled, funding for 2020 will be returned to the 2018 funding level.

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

We are pleased to support your work in our community and ask that your organization acknowledges this support throughout the year in signage within your agency, newsletters, press releases, news stories, donor lists, special events, and etc. If you have any questions, please let me know.

Sincerely,



Jay Powell  
President