

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: 09/26/2019

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: 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-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: ICAP Domestic Violence Bonus

16. Congressional District(s):

a. Applicant: SD-000

b. Project: SD-000

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2020

b. End Date: 04/30/2021

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: Ms.

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: 09/26/2019

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: Inter-Lakes Community Action Partnership

Prefix: Ms.

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: \$111,529.00

(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. 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

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

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

Note: If there are no other people included, write NA in the boxes.

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: Cindy Dannenbring, Executive Director

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

Date Signed: 09/26/2019

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:

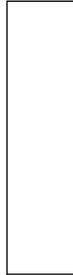
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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

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: Ms.

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: 09/26/2019

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

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: 09/26/2019

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: 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: Ms.
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: 09/26/2019

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.

Inter-Lakes Community Action Partnership (ICAP) is a community action agency serving 14 counties in East-Central South Dakota providing services to low-income and older participants since its inception in 1966. Using federal, state, local and private funds, the agency assists the residents of the service area to achieve and maintain their optimal level of economic and social self-sufficiency. The thrust of the Economic Opportunity Act of 1965, which established community action agencies, was that local residents should have the ability to be involved in the design, implementation and delivery of programs and services aimed at helping them to move toward self-sufficiency.

Housing Services: ICAP operates the Heartland House, Bright Futures, and ESG Rapid Rehousing Programs for homeless families with children in Sioux Falls. By eliminating most barriers for these families, housing is provided as quickly as possible. The housing is combined with intensive family case management and related services, the goal of which is to assist the participants in their movement away from homelessness and toward housing stabilization. In addition, ICAP has provided other housing services including HOME Rehab, Mutual Self-Help Housing, Self-Help Rehab, Weatherization, Homeownership Education/Counseling and Security Deposit Assistance.

Non-housing supportive services: Nutrition (Sixties Plus Dining, food pantries), Education (Head Start Pre-Birth to Five) Health (dental clinics), Emergency assistance (rent and utility assistance, emergency food and clothing), and Community services (Thrift Stores, community gardens, school supplies, Volunteer Income Tax Assistance, seasonal projects). All of these programs and services are intended to fulfill the agency’s mission of identifying and ameliorating the causes and conditions of poverty in the service area, as required by the federal Community Services Block Grant Act.

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

ICAP expanded its affordable housing footprint in the City of Sioux Falls through the acquisition and rehabilitation of two additional apartment buildings adjacent to a building previously owned by ICAP and included this property into being

rehabilitated as well. This Low Income Housing Tax Credit project was made possible through the support and assistance of South Dakota Housing Development Authority, Sioux Falls Community Development, Midwest Housing Equity Group and Lloyd Companies. When completed, an additional 62 one, two and three bedroom apartments were available to house low income families in the City of Sioux Falls which has resulted in over 200 total affordable housing units developed by ICAP within their 14-county service area.

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

Inter-Lakes Community Action Partnership (ICAP) leverages numerous sources of funds and services agency-wide in order to fulfill its mission. In the 2017-18 program year, ICAP recorded \$9,000,000+ in federal and state funds and \$2,800,000+ in private funds (including \$1,062,324 in in-kind funding). These figures illustrate the agency’s funding support across the public and private sectors. Within the Heartland House program, ICAP has leveraged numerous Federal, State, local and private funds and foresees these relationships continuing. Federal leveraging includes the following: Community Services Block Grant (CSBG), HUD Housing Counseling, SNAP, TANF, WIC, WIOA and the Expanded Food and Nutrition Education Program (EFNEP). State leveraging includes the Department of Social Services Child Support Enforcement and the Child Care Block Grant. Private funds include the Compass Center (healthy relationships classes), East River Legal Services (legal services and education), and The Children’s Inn (emergency shelter, support groups for women, parent education, and donations of food/clothing or other essential items). Local government leveraging includes Sioux Falls Housing and Redevelopment, which provides no-cost evening child care to families that are working, and the Minnehaha Homeless Advisory Board who manages the “Pass It On” program. This program provides free bus passes to families for safe transportation to work, appointments and to childcare facilities. In addition, the program has garnered support from numerous other entities (faith-based organizations, financial institutions, individuals) throughout the Sioux Falls community and will continue to do so.

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

Inter-Lakes Community Action Partnership (ICAP) is a 501(c)(3) private nonprofit organization chartered in 1966. The agency is governed by a 42-member Board of Directors, composed of equal representation from the public, community and low-income sectors. Overall administrative authority rests with Cindy Dannenbring, Executive Director, who has served in that role since 1993. The Board has several committees, including the executive, finance/audit, personnel/human rights, and governance. The duties and responsibilities of the officers and committees are detailed within the by-laws. The agency’s administration team includes the Executive Director, Deputy Director, Fiscal Director and Planning Director. Arleen Weerheim, the Deputy Director since 1993, is responsible for the day-to-day operations of the agency, oversight of eleven county offices and management of selected programs. Kimberly Raske,

Fiscal Director since 2002, is responsible for the agency's financial operations, and supervision of the fiscal and administrative support staff. The Fiscal Director establishes and maintains an adequate accounting system with appropriate internal controls to safeguard assets and mitigate risk. Eric Kunzweiler, Planning Director, is responsible for the agency's program planning and development, grant applications, evaluation and reporting, needs assessments and customer satisfaction analysis and reporting. Mr. Kunzweiler began working with ICAP in 2001. Direct services are overseen by program managers/directors. Each manager/director is responsible for the activities in their program specialization. Programs range from one to several dozen employees. All of the agency's programmatic activities are coordinated across program lines. The agency's front-line outreach and referral staff provide information and take applications for all agency programs. Agency staff also coordinate and collaborate with external partners. No single entity has all of the resources needed to serve all of the needs that exist. The only way that agencies can provide effective services is to leverage the resources of partner agencies. In this manner, we maximize impact while limiting duplication of effort. ICAP's financial accounting system uses THO Software's Orion System (ledgers including general, cash, payroll, accounts payable and accounts receivable). The Board of Director's Finance and Audit Committee approves the financial policies and procedures which guide the agency's fiscal activities. Internal controls include separation of duties among staff, password controls for the computer network and the accounting system, use of a secure server with offsite daily backups, and monthly bank statement reconciliations by a non-fiscal office staff member. All vouchers for payment require two approvals before processing, and all checks require two signatures. As a federal grantee, ICAP undergoes an annual fiscal and program audit.

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: ICAP Domestic Violence Bonus

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? 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?

X

3B. Project Description

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

ICAP's Domestic Violence Program targets homeless families with children who are survivors of domestic violence (DV), dating violence, or stalking who qualify under paragraph (4) of the definition of homeless. The majority served will be single female heads-of-household but there will be no such requirement. ICAP anticipates families will usually have two to three children. Clients at local DV shelters are limited to 30 days because of a need for space for new clients. When leaving, many return to their abuser or to another unsafe environment. This project would provide a safe housing option. Currently, ICAP's RRH Program is serving 23 clients from DV situations. This past year, RRH served 70 adults that reported a history of DV and 40 adults that report that they were fleeing DV when they entered the program demonstrating the significant need for this program. After entering the program, the family will complete an intake process, including determining any short and intermediate-term needs they may have. The Housing Stabilization Coach (HSC) and the family will complete a Housing Stabilization Plan (HSP), providing detail as to existing needs/issues, and a proposed plan as to how to address those needs. The plan includes information on ICAP and other existing services that are available to the family, and a timeline for accessing and utilizing those resources. Through ongoing family case management, which will be required at minimum one time per month, the family will make progress toward fulfilling the terms of the HSP. In some cases, HSC's will build partnerships with other service providers, as appropriate, to gain access to specialized services that are needed by the participants. Staff refer participants escaping DV to subject-specific counseling or other services aimed at helping them 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. ICAP will have the following outcomes: Participants will enter into permanent housing within 30 days of completion of application, Participants will remain in permanent housing for at least 12 months, Participant's will increase their total household income as a result of participation in the program. ICAP has created many formal and informal networks of collaborating partners among the area's DV service providers. HSC's will work with the client through housing search and placement. ICAP works with multiple landlords and will advocate for clients with unfavorable rental history to help them find safe and affordable housing. When there are barriers related to housing due to DV history, Coaches will connect the family with appropriate resources to help them address those needs. Coaches will also connect families to resources assisting them to improve their safety and well-being while also focusing on maintaining 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?	14			
Participant enrollment in project begins?	14			
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?	30			
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 checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" 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.

Not Applicable.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

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.

ICAP's Housing Stabilization Coaches (HSC's) will use established policies and procedures to analyze the needs and barriers of the participants. Participating families have many needs beyond housing. Lack of formal education is a significant barrier that impacts the participants' employment opportunities. ICAP's intensive family case management model focuses on the needs of the participating families, and brings together needed supportive services (provided both by ICAP staff and by partner agencies) to provide a comprehensive array of assistance. Stable housing is often the catalyst that allows the participants to move forward with education, employment, treatment for physical and mental/behavioral health issues, and self-sufficiency.

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?

The project will prepare the participants for living independently once their participation is completed. These efforts begin with the Housing Stabilization Plan, which details the needs of the family and the resources available to them (both external and internal) and the action steps they will take to fulfill the terms of the plan. All participants are strongly encouraged to be employed at least part-time within three months of entering the program, with the local Department of Labor (DOL) office as a central component of this effort. The DOL offers WIOA, Wagner-Peyser and other related services and provides hands-on assistance with job search, resume preparation, job-seeking and job-keeping

skills training and limited supportive services, all of which are aimed at helping applicants to secure and maintain employment. If participants may be eligible for the TANF program, Housing Stabilization Coaches facilitate their application for services, which include employment and education assistance in addition to eligibility for health care and cash subsidies. Participants will be assisted in applying for Medicaid, WIC, SNAP, SSI/SSDI and other applicable mainstream resources, so they can stabilize their living conditions. If the participants do not have their high school diploma or GED (which is frequently the case), they are assisted to enroll in GED classes. Once they have earned their GEDs, they can then consider enrollment in a local technical institute or college to gain a certification or degree that will lead them to higher-paying jobs.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Daily
Child Care	Applicant	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

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

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

5b. Regular follow-ups with participants to Yes

**ensure mainstream
benefits are received and renewed?**

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.

Total Units: 7

Total Beds: 32

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	7	32

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: 7

b. Beds: 32

3. 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: 505 North Western Avenue

Street 2:

City: Sioux Falls

State: South Dakota

ZIP Code: 57104

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

469099 Minnehaha County, 461518 Sioux Falls

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	7	0	0	7
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	5	0		5
Persons ages 18-24	2	0		2
Accompanied Children under age 18	25		0	25
Unaccompanied Children under age 18			0	0
Total Persons	32	0	0	32

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	5	0	0	0
Persons ages 18-24				1	0	0	2	0	0	0
Children under age 18				0	0	0	25	0	0	0
Total Persons	0	0	0	1	0	0	32	0	0	0

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										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

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? Reallocation

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:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

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

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:			\$73,404
Total Units:			7
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	SD - Sioux Falls, SD MSA (4608399999)	7	\$73,404

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$401	x	12	=	\$0
0 Bedroom		x	\$535	x	12	=	\$0
1 Bedroom	1	x	\$639	x	12	=	\$7,668

2 Bedrooms	3	x	\$781	x	12	=	\$28,116
3 Bedrooms	3	x	\$1,045	x	12	=	\$37,620
4 Bedrooms		x	\$1,217	x	12	=	\$0
5 Bedrooms		x	\$1,400	x	12	=	\$0
6 Bedrooms		x	\$1,582	x	12	=	\$0
7 Bedrooms		x	\$1,765	x	12	=	\$0
8 Bedrooms		x	\$1,947	x	12	=	\$0
9 Bedrooms		x	\$2,130	x	12	=	\$0
Total Units and Annual Assistance Requested	7						\$73,404
Grant Term							1 Year
Total Request for Grant Term							\$73,404

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		
2. Assistance with Moving Costs	Truck Rental for program participants	\$135
3. Case Management	.589 FTE hours and benefits and costs	\$27,014
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food for program participants	\$90
8. Housing/Counseling Services	Rental Application Fees	\$900
9. Legal Services		
10. Life Skills	Supplies for household management	\$75
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Transportation, Cell phone, Internet, Postage	\$893
14. Substance Abuse Treatment Services		
15. Transportation	Staff travel to meet with clients, bus/taxi for clients	\$638
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$29,745
Grant Term		1 Year
Total Request for Grant Term		\$29,745

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	.011 FTE hours and benefits for staff to enter data into HMIS	\$500
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$500
Grant Term:		1 Year
Total Request for Grant Term:		\$500

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:	\$28,990
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$28,990

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	Government	City of Sioux Falls	08/01/2019	\$23,990
Yes	Cash	Government	Minnehaha County	08/08/2019	\$5,000

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: 08/01/2019
- 6. Value of Written Commitment: \$23,990

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: Minnehaha County
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/08/2019
- 6. Value of Written Commitment: \$5,000

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$73,404	1 Year	\$73,404
4. Supportive Services	\$29,745	1 Year	\$29,745
5. Operating	\$0	1 Year	\$0
6. HMIS	\$500	1 Year	\$500
7. Sub-total Costs Requested			\$103,649
8. Admin (Up to 10%)			\$7,880
9. Total Assistance Plus Admin Requested			\$111,529
10. Cash Match			\$28,990
11. In-Kind Match			\$0
12. Total Match			\$28,990
13. Total Budget			\$140,519

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non Profit Letter	08/07/2019
3) Other Attachment(s)	No	Match Letter 2	08/08/2019
2) Other Attachment(s)	No	Match Letter	08/07/2019

Attachment Details

Document Description: Non Profit Letter

Attachment Details

Document Description: Match Letter 2

Attachment Details

Document Description: Match Letter

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: Cindy Dannenbring

Date: 09/26/2019

Title: Executive Director

Applicant Organization: Inter-Lakes Community Action Partnership

PHA Number (For PHA Applicants Only):

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

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
1A. SF-424 Application Type	No Input Required
New Project Application FY2019	Page 48
	09/26/2019

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2019
1E. SF-424 Compliance	08/07/2019
1F. SF-424 Declaration	08/07/2019
1G. HUD 2880	08/07/2019
1H. HUD 50070	08/07/2019
1I. Cert. Lobbying	08/07/2019
1J. SF-LLL	08/07/2019
2A. Subrecipients	No Input Required
2B. Experience	08/08/2019
3A. Project Detail	08/07/2019
3B. Description	09/26/2019
3C. Expansion	08/08/2019
4A. Services	08/26/2019
4B. Housing Type	08/07/2019
5A. Households	08/07/2019
5B. Subpopulations	No Input Required
6A. Funding Request	09/26/2019
6E. Rental Assistance	08/07/2019
6F. Supp Srvcs Budget	08/08/2019
6H. HMIS Budget	08/08/2019
6I. Match	08/08/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/08/2019
7D. Certification	08/07/2019

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



INTER-LAKES COMMUNITY ACTION PARTNERSHIP

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

ICAP Offices

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

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

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

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

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

Courthouse
PO Box 237
Hayti, SD 57241
783-3867

Courthouse
PO Box 254
DeSmet, SD 57231
854-3701

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

104 N Main Suite 140
Canton, SD 57013
940-1909

Courthouse
PO Box 190
Salem, SD 57058
425-2271

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

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

112 E Pipestone
Flandreau, SD 57028
997-2824

Courthouse
PO Box 370
Parker, SD 57053
940-1909

August 8, 2019

Re: Program Matching Funds

To Whom it May Concern:

Inter-Lakes Community Action Partnership, Inc. (ICAP) has applied for matching funds from Minnehaha County, however has not yet received a firm commitment letter.

If the funding commitment from Minnehaha County is not realized, this letter serves as a firm commitment from ICAP that the required matching funds requirement will be met by the agency.

Sincerely,

Cindy Dannenbring
Executive Director



ICAP is an equal opportunity provider and employer.





INTER-LAKES COMMUNITY ACTION PARTNERSHIP

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

ICAP Offices

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Brookings, SD 57006
692-6391

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

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

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

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

Courthouse
PO Box 237
Hayti, SD 57241
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Courthouse
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Flandreau, SD 57028
997-2824

Courthouse
PO Box 370
Parker, SD 57053
940-1909

August 7, 2019

Re: Program Matching Funds

To Whom it May Concern:

Inter-Lakes Community Action Partnership, Inc. (ICAP) has applied for matching funds from the City of Sioux Falls, SD however has not yet received a firm commitment letter.

If the funding commitment from the City of Sioux Falls, SD is not realized, this letter serves as a firm commitment from ICAP that the required matching funds requirement will be met by the agency.

Sincerely,

Cindy Dannenbring
Executive Director



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