

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: 09/25/2019

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: Call to Freedom, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 47-5469817

| | | | | |
|--|--------------------------------|-----------|----------------|--|
| | c. Organizational DUNS: | 080291351 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: 1800 West 12th Street

Street 2: Suite 100

City: Sioux Falls,

County: Minnehaha

State: South Dakota

Country: United States

Zip / Postal Code: 57104

e. Organizational Unit (optional)

Department Name: Marissa's Housing Project

Division Name:

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

Prefix: Ms.

First Name: Becky

Middle Name:

Last Name: Rasmussen

Suffix:

Title: Executive Director

Organizational Affiliation: Call to Freedom, Inc.

Telephone Number: (605) 261-1880

Applicant: Call to Freedom, Inc.
Project: Marissa's Housing Project

165398
175774

Extension:
Fax Number: (605) 261-1880
Email: director@calltofreedom.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: Marissa's Housing Project

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 10/01/2020
b. End Date: 09/30/2021

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: Julie

Middle Name:

Last Name: Klinger

Suffix:

Title: Director of Operations

Telephone Number: (605) 261-1880
(Format: 123-456-7890)

Fax Number: (605) 261-1880
(Format: 123-456-7890)

Email: operations@calltofreedom.org

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

Date Signed: 09/25/2019

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: Call to Freedom, Inc.
Prefix: Ms.
First Name: Julie
Middle Name:
Last Name: Klinger
Suffix:
Title: Director of Operations
Organizational Affiliation: Call to Freedom, Inc.
Telephone Number: (605) 261-1880
Extension:
Email: operations@calltofreedom.org
City: Sioux Falls,
County: Minnehaha
State: South Dakota
Country: United States
Zip/Postal Code: 57104

2. Employer ID Number (EIN): 47-5469817

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$180,171.00

(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: Julie Klinger, Director of Operations

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

Date Signed: 09/25/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Call to Freedom, Inc.

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:

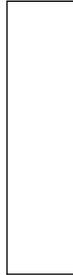
| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's 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

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: Julie

Middle Name

Last Name: Klinger

Suffix:

Title: Director of Operations

Telephone Number: (605) 261-1880
(Format: 123-456-7890)

Fax Number: (605) 261-1880
(Format: 123-456-7890)

Email: operations@calltofreedom.org

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

Date Signed: 09/25/2019

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: Call to Freedom, Inc.

Name / Title of Authorized Official: Julie Klinger, Director of Operations

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

Date Signed: 09/25/2019

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: Call to Freedom, Inc.
Street 1: 1800 West 12th Street
Street 2: Suite 100
City: Sioux Falls,
County: Minnehaha
State: South Dakota
Country: United States
Zip / Postal Code: 57104

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: Julie
Middle Name:
Last Name: Klinger
Suffix:
Title: Director of Operations
Telephone Number: (605) 261-1880
(Format: 123-456-7890)
Fax Number: (605) 261-1880
(Format: 123-456-7890)
Email: operations@calltofreedom.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/25/2019

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.

Call to Freedom, formerly referred to as Be Free Ministries, started in Sioux Falls, SD in 2007. For many years, this agency has provided services to sex/human trafficking victims and led the charge to create more responsive services, as well as bring more awareness to the state regarding this issue. Call to Freedom, as it operates today, became an independent 501c3, public charitable non-profit agency in January of 2016. The mission of Call to Freedom is: Navigating a Healthy Path from Victim to Survivor through victim-centered responsive services to those who have experienced sexual exploitation and human trafficking. Call to Freedom is committed to work with other community partners to maximize and facilitate resources necessary for survivors to navigate a healthy path. The focus of Call to Freedom's work involves responding to victims by creating a strong network of frontline providers who can offer emergency, transitional and long-term housing, physical and mental health care, medical assistance, chemical dependency treatment, trauma counseling, job skill training, transportation, occupational therapy, and other services as needed. Due to very limited safe housing options, Call to Freedom opened a small transitional housing project named "Marissa's Project" in October of 2016.

Marissa's Housing Project provides safe housing that offers support and stability, which are necessary for successful long-term transitions out of sex/human trafficking and sexual exploitation situations. Not only are the clients offered shelter, but they are also provided access to support services like vocational rehabilitation services, employment search and training support, occupational therapy, intensive case management, and transportation.

Marissa's Housing Project, provides daily access to Intensive Case Managers. Residents follow case plans and set their own goals for independence. They also comply with house rules and pay monthly rent to assist in learning budgeting and financial management. The overall goal of Marissa's Housing Project is to provide a long term safe environment for survivors of human trafficking to recover and regain self-sufficiency.

Call to Freedom aims to assist all clients to reach a self-sufficient life, who can contribute back into their community. Intensive long-term case management with victims/survivors of human trafficking is provided.

Since January 2016, Call to Freedom has served 231 victims and to date is the only full service provider in the state of South Dakota specializing in working with human trafficking victims. Since 2017, Call to Freedom has received grant support from the South Dakota Department of Public Safety Victim Services and the Federal Office of Victims of Crimes. The grants total \$780,000. Each grant has required the agency to submit quarterly and annual progress reports. All reports have been submitted on time and no deficiencies have been noted. The South Dakota Victims Services grant has an expenditure deadline annually ending on June 30th, to date 25% of the funds have been expended. The

Federal Office of Victims of Crimes grant has an expenditure date of September 30, 2021, to date 10% of the funds have been expended. Call to Freedom submits annual applications to the South Dakota Victims Services in April of each year and to date has increased its award amount every year. Call to Freedom also applied for additional Federal Office of Victims of Crimes funding and expects to be awarded a second three-year grant by September 30, 2019.

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

Since receiving its 501c3 in January of 2016, Call to Freedom (CTF) has primarily operated from private community funding. In June of 2017, Call to Freedom received a \$26,000 sub-recipient grant through Sexual Assault Service Program (SASP) funding to help fund a part-time case manager. Call to Freedom receives funding through the South Dakota Network Against Family Violence and Sexual Assault to help fund 10 hours per week of case management. CTF has received federal funding from the Office of Victims of Crimes (OVC) to develop programs within domestic violence shelters to better identify and respond to human trafficking victims entering their shelters. CTF is housing 4 – part-time Case Managers now within 4 domestic violence shelters in eastern and central SD and hopes to continue to gain funding to increase this pilot program throughout the state of South Dakota. CTF will be building capacity in these new areas (in addition to it's Sioux Falls resources) in Watertown, Yankton and Pierre to increase housing resources where continuity of services can be provided for clients to transition from the domestic violence shelters into permanent housing. CTF has been awarded sub-recipient grants from both Victims of Crimes Act (VOCA) and SASP dollars through the Department of Public Safety for the past two years. This award supports Case Management staffing and emergency needs and comprehensive services of victims. The Call to Freedom's 2019 operating budget is \$735,000. Call to Freedom's annual budget is comprised of funds from the following sources: 1) 60% State and Federal sources; 2) 30% local support; and 10% other. Call to Freedom has 7 Case Managers on staff who work at Marissa's Housing Project and also with Outreach clients not housed at the project. One additional federal application has been made to the Office of Victims of Crimes for additional program funding for comprehensive tribal and youth services. That award will be announced by September 30, 2019.

The Continuum of Care DV Bonus grant being applied for will fund some transitional housing units within Marissa's Housing Project and provide rental assistance for rapid rehousing units within the community. The Continuum of Care grant will not be used to replace any operating funds currently being received. Call to Freedom has received an outpouring of community help through private and foundation funding as well as in-kind donations to assist clients in the program.

The ultimate goal of housing human trafficking survivors is to locate safe, affordable permanent housing while providing case management and supportive services to reduce the risks of recidivism and future threats to homelessness. This goal is often achieved through a step by step process from emergency shelter, into a transitional and/or permanent housing situation while continuing to receive ongoing supportive services leading to self-sustainability.

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.

Call to Freedom is a private non-profit organization established in January of 2016, and is governed by a Board of Directors. The Executive Committee functions over the agency finances and is responsible for approving financial procedures and practices. The board consists of five members and may hold up to eleven members. Each member of the Board of Directors shall serve for one term of two years and such additional terms as may be approved by the Board of Directors. A director shall hold office for the term for which he or she was elected and until his or her successor has been elected and qualified, or until his or her prior death, resignation or removal. Any Board member finishing his/her second consecutive 2-year term of service on the Board will be required to rotate off of the Board for one year, at the end of which time he/she will be eligible for renomination to Board membership. Currently the board consists of community members of various cultural and racial backgrounds. The board meets every quarter. The Executive Director has a past survivor in an advisory capacity who help shape the direct services programming for the agency. Daily operations are overseen by the Executive Director. Per board policy, financial operations are overseen by a on-site accountant and a third-party accountant who processes pay roll, annual tax statements. According to policy any check over \$2,500 must have a second signature from the Board Chair or other appointed board member in the absence of the chair. All staff expense reports must be approved by the staff person's direct supervisor. Any expense report above \$2,500 must be approved by the supervisor and Executive Director or the Board Chair.

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: Marissa's Housing Project

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.

Call to Freedom is currently renting a house containing 8, 1 bedroom units. Of these units 1 is used for an office/storage area and the other 7 are available for survivors who enter into the program. Each resident works through a case plan with their case manager which provides supportive services, such as, mental health, occupational therapy, vocational rehabilitation, substance abuse after-care, social services programs, etc. all aimed to provide a full range of services allowing residents to reach full independence and self-sufficiency. Currently residents pay rent to the program to teach budgeting and responsible financial planning. Community support services provide financial mentors who work alongside case managers at Call to Freedom to teach residents how to manage money and plan for their future. Volunteer Vocational Rehabilitation workers helps residents locate employment and maintain employment through job coaching, shadowing and employee relationships.

Over 80% of clients who have resided at Marissa's Project for at least six months have shown sustained success in job placement (full and part-time), being alcohol and drug free and free from their past life of being trafficked.

The existing 7-bed rental property managed by Call to Freedom is no longer adequate to meet the demand/need for services provided by the organization.

The existing facility will not accommodate families. Call to Freedom is partnering with a local non-profit organization to build a larger housing complex.

This project will be community funded and Call to Freedom will rent the facility from the partner (owner). The new project will provide 12 apartments (1-three bedroom, 2-two bedroom and 8-one bedroom) for a total of 20 available beds for survivors and their children. The current 7-unit project will be in operation until the new complex is open in the Spring of 2021.

Call to Freedom will also assist clients with locating permanent housing options within the community. Call to Freedom's TH program does not always fit the needs of each client, therefore, partnerships with the Sioux Falls Housing and Redevelopment Commission and other local property owners are being established to provide apartments for long term RRH of clients and their children, as needed, while also receiving ongoing long-term supportive services from Call to Freedom.

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? | 180 | 60 | | |
| Participant enrollment in project begins? | 360 | 60 | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 360 | 90 | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | 360 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease? | | | | |
| Rehabilitation started? | | | | |
| Rehabilitation completed? | | | | |
| New construction started? | | | | |
| New construction completed? | | | | |

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

Other: Human Trafficking Victims

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.

Marissa's Housing Project is a TH program under the responsibility of the Call to Freedom Board and administrative staff who will have general oversight of the development and operations of the property. The facility will be a new building project funded by the community through a partnership with Kingdom Capital Fund and leased to Call to Freedom. A house manager will be onsite on a daily basis. The maintenance will be subcontracted to qualified vendors. An MOU will be established with local property owners, Lloyd Properties to supply Rapid Rehousing Units under this project through the Rental Assistance Program. Additional housing partnerships will be established throughout the term of the project. These partnerships will provide rental/agreements with the recipients and accept RRH dollars under this program.

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 Yes

structure?

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

Since January 1, 2019, 45% of clients receiving services at Call to Freedom have needed housing assistance. 55% of clients receiving services already had existing living situations. Of the 45% of clients in need of housing, 10% have moved out of the community due to lack of available housing. Clients work with their case managers to determine which housing options are best for them, taking into consideration safety, access to services, independent living skills, etc. A case plan is developed to set longer term goals for the clients residing in transitional housing to move into permanent housing. When Marissa's Project is full other available transitional housing programs in Sioux Falls or another community or state are considered. Based on current demand for transitional housing program services, a minimum of 12 units/20 beds are needed. The inadequacy of Call to Freedom's current 7-bed facility means that victims are not being served or are required to seek service elsewhere; including out of state. However, there are no other comparable facilities in this community, region or throughout the State of South Dakota which are programmed to serve this unique clientele which allows for safety, confidentiality and adequate time for recovery and healing. Sioux Falls is the largest community in South Dakota and is located on the I-90 and I-29 corridor where transit trafficking is heightened. To date, 18 women and two children have resided at Marissa's Project since its opening in October of 2016. The average length of stay has been 8 months. Two current residents are waiting to be reunited with their children and will need additional bedroom space for their child/children. Currently there is a waiting list of three clients who are ready to move into the project and are residing within temporary shelters. There are minimal requirements for Marissa's Project, the client needs to agree to the security alarm hours of operation from 10:00 PM to 5:00 AM, to keep the location confidential for safety purposes, not to have an alcohol or illegal drugs on the premises and no guests allowed without permission.

The project will have access to medical clinics, employment, education, retail and transportation services. There is also a shortage of funding for permanent housing options for human trafficking victims under the VAWA Protection Act. Partnerships are greatly needed with housing resources to establish programs to provide long-term housing solutions for clients in need of permanent, safe housing without holding past criminal records obtained as a result of their trafficking situation against them. Often times human trafficking clients only have housing options available which allow tenant with violent felony criminal backgrounds. This environment can put them at high risk of being re-victimized. Secure, crime-free environments allow for victim-centered, supportive living.

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

The TH Project size, design, location and operation will be integrated into a neighborhood in a manner that allows anonymity for the protection of this unique clientele/resident. The current property for this project will be located in a neighborhood composed of multi-family homes, such as, apartment buildings, townhouses, etc. This will allow the property to fit into the landscape of the neighborhood without being noticeably different from other structures. RRH units will be located in areas which provide for easy access to employment, transportation (bus stops), education and services. All RRH units will provide safety and security within their structures allowing for clients to feel secure

within their units.

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.

X

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

When a client enters services, Call to Freedom staff undertakes a detailed intake evaluation process. Call to Freedom staff works with the client to assess their current needs and challenges. A case plan is developed based on the needs assessment. Assessing safety and risk factors are the first steps. The client will then choose either to pursue permanent housing or a transitional housing program. Trauma-informed approaches are used to assist clients in determining next steps which are within their emotional and physical abilities. For clients entering Marissa's Housing Project, they are taught skills such as budgeting, renter responsibility and activities of daily living including life skills, cleaning, cooking, bill management, etc., prior to transitioning into permanent housing. Clients who reside in the community through RRH rental assistance are also provided the aforementioned services.

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?

This program funding will enhance supportive services from vocational rehabilitation services, job training and coaching, life skills (Occupational Therapy), mentors, and rent controlled supportive housing. Call to Freedom currently has a full-time Occupational Therapist and RN Case Manager on staff to assess client life skills and health needs.

The overall goals would be to see victims/survivors increase their:

- self-esteem and confidence
- job skills/employment

- health
 - stable housing
 - completion of GED and/or technical or college enrollment.
- Marissa's Housing Project and RRH goals are: 50% of clients will obtain and retain full or part-time jobs. Over 80% of clients at Marissa's Housing Project have a history of obtaining and retaining stable employment if they have lived in the house for over 6 months and are physically able to work.
- Call to Freedom currently serves over 50% Native American, 45% Caucasian and 5% Other ethnicity. These above programs will optimize Call to Freedom client's ability to go beyond their current low-income status, while providing opportunities for career advancement, stable housing and self-sufficiency.
- Call to Freedom has an ongoing large list (over 50 and growing) of community partners which we received client referrals from for case management services and whom we refer our clients to for services within the community.
- a)Housing Partners: Children's Inn, River City Domestic Violence Shelter, Beacon Center, Missouri Shores, Mitchell Area Safehouse, Lloyd Companies, ICAP/Heartland House, St Francis House, Oxford House, VOA New Start, Axis 180
- b)Mental Health: Avera Behavioral Health, Human Services Center, Southeastern Behavioral Health, New Beginnings, Journey Therapy, Burrough Counseling, Chamness Counseling, LSS, Compass Center, Deb Thompson Counseling, Lewis and Clark Behavioral Health, Lighting a New Way Counseling, Renew Counseling, Sioux Falls Psychological
- c)Substance Abuse Services: Keystone, Stepping Stones, Human Services Center, Drug Court, Carroll Institute
- d)Social Services Organizations: Department of Social Services, Department of Public Safety/Victim Services, Economic Assistance, Department of Labor, SD Women's Penitentiary, SD Parole, Vocational Rehabilitation
- e)Medical Services: Avera Health, Sanford Health, Urban Indian Health, Falls Community Health
- f)Advocacy Services: Ballard Spahr Legal, East River Legal, Access Justice, Advocacy for Human Rights, USCRI, SD Voices for Peace, South Dakota Network Against Family Violence and Sexual Assault
- g)Other Non-Profits/Community Organizations: Women of Faith/Mujeres de Fe, Wheels to Work, VOA/FCIP/Runaway Homeless Youth, Union Gospel Mission, Teddy Bear Den, Sioux Falls Que Pasa, Naomi Project, Our Lady of Guadeloupe, Ransom Church Closet, Dress for Success, Furniture Mission, Center of Hope, Community Outreach

**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 | As needed |
| Employment Assistance and Job Training | Partner | As needed |

| |
|--|
| Food |
| Housing Search and Counseling Services |
| Legal Services |
| Life Skills Training |
| Mental Health Services |
| Outpatient Health Services |
| Outreach Services |
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|-----------|-----------|
| Applicant | Weekly |
| Partner | As needed |
| Partner | As needed |
| Applicant | Weekly |
| Partner | Weekly |
| Partner | As needed |
| Applicant | As needed |
| Partner | As needed |
| Applicant | As needed |
| Applicant | 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 |
|---------------------|----|-----|-------|
| Total Units: | 12 | 8 | 20 |
| Total Beds: | 20 | 12 | 32 |

| Housing Type | Housing Type (JOINT) | Units | Beds |
|--------------|----------------------|-------|------|
| --- | Clustered apartments | 12 | 20 |
| --- | Scattered-site ap... | 8 | 12 |

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: Private Community Funding

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

a. Units: 12

b. Beds: 20

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: 1800 West 12th Street

Street 2: Suite 100

City: Sioux Falls

State: South Dakota

ZIP Code: 57104

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

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? Mixed Funding
(If multiple sources, select "Mixed" from the dropdown menu)

Please enter "Other" or "Mixed Funding" source: Tax Credit

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

a. Units: 8

b. Beds: 12

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: 101 Reid St
Street 2: Suite 201
City: Sioux Falls
State: South Dakota
ZIP Code: 57103

**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 |
|--|---|--|--|-------|
| Number of Households | 4 | 8 | 0 | 12 |
| | | | | |
| 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 | 3 | 6 | | 9 |
| Persons ages 18-24 | 1 | 2 | | 3 |
| Accompanied Children under age 18 | 4 | | 0 | 4 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 8 | 8 | 0 | 16 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | 2 | | | 1 |
| Persons ages 18-24 | | | | | | | | | | 1 |
| Children under age 18 | | | | | | | 2 | | | 2 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 4 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | | | | 6 |
| Persons ages 18-24 | | | | | | | | | | 2 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

Victims of Human Trafficking and/or Sexual Exploitation

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? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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 | <input type="checkbox"/> |
| Leased Structures | <input checked="" type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <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

6D. Leased Structures Budget

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

| Total Annual Assistance Requested: | | \$32,088 | |
|---|---------------|-----------------------------------|----------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$32,088 | |
| Total Structures: | | 1 | |
| Structure Name | HUD Paid Rent | Total Annual Assistance Requested | Total Assistance Requested |
| Marissas Housing ... | \$2,674 | \$32,088 | \$32,088 |

Leased Structures Budget Detail

Structure Name: Marissas Housing Project
Street Address 1: 1800 West 12th Street
Street Address 2: Suite 100
City: Sioux Falls
State: South Dakota
Zip Code: 57104

| | |
|------------------------------------|----------|
| HUD Paid Rent (per Month): | \$2,674 |
| 12 Months: | 12 |
| Total Annual Assistance Requested: | \$32,088 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$32,088 |

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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: | | | \$59,304 |
|-------------------------------|---------------------------------------|-----------------------|---------------|
| Total Units: | | | 8 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | SD - Sioux Falls, SD MSA (4608399999) | 8 | \$59,304 |

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) |
|---------------|------------------------|----------------------|-----------|---------------------------|
|---------------|------------------------|----------------------|-----------|---------------------------|

| | | | | | | | |
|--|---|---|---------|---|----|---|----------|
| SRO | | x | \$401 | x | 12 | = | \$0 |
| 0 Bedroom | 3 | x | \$535 | x | 12 | = | \$19,260 |
| 1 Bedroom | 4 | x | \$639 | x | 12 | = | \$30,672 |
| 2 Bedrooms | 1 | x | \$781 | x | 12 | = | \$9,372 |
| 3 Bedrooms | | x | \$1,045 | x | 12 | = | \$0 |
| 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 | 8 | | | | | | \$59,304 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$59,304 |

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 | | |
| 3. Case Management | 1 FTE Housing Case Manager placed within Marissa's Housing Project + benefits | \$42,000 |
| 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 | Interpreting services, 1 FTE (Program Director) will allocates 10% of their time to identify program participants, marketing the program, plus benefits. | \$5,000 |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | monthly bus passes | \$1,000 |
| 16. Utility Deposits | RRH first deposits | \$5,000 |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$53,000 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$53,000 |

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 | security entrances and systems | \$2,000 |
| 5. Electricity, Gas, and Water | monthly utilities at MHP and assistance with RRH utility expenses | \$8,000 |
| 6. Furniture | Furnishings for apartments | \$4,000 |
| 7. Equipment (lease, buy) | copier/printer/computers | \$3,000 |
| Total Annual Assistance Requested | | \$17,000 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$17,000 |

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 | 2 users @ \$100/month / each user | \$2,400 |
| 3. Services | | |
| 4. Personnel | | |
| 5. Space & Operations | | |
| Total Annual Assistance Requested: | | \$2,400 |
| Grant Term: | | 1 Year |
| Total Request for Grant Term: | | \$2,400 |

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: | \$37,021 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$37,021 |

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 | Department of Pub... | 06/05/2019 | \$37,021 |

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:** Department of Public Safety
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 06/05/2019
- 6. Value of Written Commitment:** \$37,021

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 | \$32,088 | 1 Year | \$32,088 |
| 3. Rental Assistance | \$59,304 | 1 Year | \$59,304 |
| 4. Supportive Services | \$53,000 | 1 Year | \$53,000 |
| 5. Operating | \$17,000 | 1 Year | \$17,000 |
| 6. HMIS | \$2,400 | 1 Year | \$2,400 |
| 7. Sub-total Costs Requested | | | \$163,792 |
| 8. Admin (Up to 10%) | | | \$16,379 |
| 9. Total Assistance Plus Admin Requested | | | \$180,171 |
| 10. Cash Match | | | \$37,021 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$37,021 |
| 13. Total Budget | | | \$217,192 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501c3 documentation | 08/07/2019 |
| 3) Other Attachment(s) | No | Letter of Support... | 08/27/2019 |
| 2) Other Attachment(s) | No | DPS Victims Servi... | 08/23/2019 |

Attachment Details

Document Description: 501c3 documentation

Attachment Details

Document Description: Letter of Support from Lloyd Companies

Attachment Details

Document Description: DPS Victims Services Grant Agreement

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: Julie Klinger
Date: 09/25/2019
Title: Director of Operations
Applicant Organization: Call to Freedom, Inc.

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 54 | 09/26/2019 |

| | |
|---|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/07/2019 |
| 1E. SF-424 Compliance | 08/06/2019 |
| 1F. SF-424 Declaration | 08/06/2019 |
| 1G. HUD 2880 | 08/06/2019 |
| 1H. HUD 50070 | 08/06/2019 |
| 1I. Cert. Lobbying | 08/06/2019 |
| 1J. SF-LLL | 08/06/2019 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/24/2019 |
| 3A. Project Detail | 08/07/2019 |
| 3B. Description | 09/24/2019 |
| 3C. Expansion | 08/06/2019 |
| 4A. Services | 08/27/2019 |
| 4B. Housing Type | 08/27/2019 |
| 5A. Households | 08/07/2019 |
| 5B. Subpopulations | 08/07/2019 |
| 6A. Funding Request | 08/07/2019 |
| 6D. Leased Structures | 08/07/2019 |
| 6E. Rental Assistance | 08/07/2019 |
| 6F. Supp Srvcs Budget | 08/27/2019 |
| 6G. Operating | 08/07/2019 |
| 6H. HMIS Budget | 08/23/2019 |
| 6I. Match | 08/26/2019 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/27/2019 |
| 7D. Certification | 08/07/2019 |

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 19 2016

CALL TO FREEDOM INC
601 SOUTH PHILLIPS AVENUE SUITE 105
SIOUX FALLS, SD 57014-0000

Employer Identification Number:
47-5469817
DLN:
26053411005156
Contact Person: CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
November 2, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

CALL TO FREEDOM INC

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large, sweeping initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



August 15, 2019

South Dakota Housing for the Homeless Consortium
SD Statewide CoC (SD-500)
C/O South Dakota Housing Development Authority
PO Box 1237
Pierre, SD 57501

Dear SD Housing Consortium Panel:

Lloyd Companies is pleased to offer its commitment to Call to Freedom in support of its New Project application to the South Dakota Housing for the Homeless Consortium, SD Statewide CoC (SD-500) through Housing and Urban Development, Continuum of Care/DV Bonus, Joint TH/RRH, FR-6300-N-25.

Call to Freedom has been instrumental over the past several years in South Dakota's efforts to combat human trafficking and serve those victimized by this terrible injustice in our community and state. This funding would allow Call to Freedom to expand its resources for victims through Marissa's Housing Project (their transitional housing program) as well as provide Rapid Rehousing funding for permanent housing resources. Call to Freedom has a strong network of community service providers. These efforts will aim to streamline housing resources to better serve victims of violence and human trafficking as quickly as possible providing safe and secure housing opportunities.

Lloyd Companies will support the efforts of Call to Freedom by:

Providing available housing units for Call to Freedom's clients in need of Rapid Rehousing, in accordance with VAWA 2013 guidelines and fair housing standards – we currently have roughly 5,500 units in Sioux Falls alone. In addition, our organization has been fortunate to have worked with Call to Freedom and their clients since 2017 and will network to offer housing resources throughout the duration of the grant award to victims served by Call to Freedom. This letter represents our commitment to support and collaborate with Call to Freedom in the proposed scope of work.

I urge HUD to fund this important project as it stands to make a tremendous impact in the lives of human trafficking victims in South Dakota.

Sincerely,

Chris Thorkelson
President/CEO
Lloyd Companies

**STATE OF SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF VICTIMS' SERVICES**

**Sub-recipient Agreement
Between**

Call to Freedom
1800 West 12th Street
Sioux Falls, SD 57104

Referred to as Sub-recipient

State of South Dakota
Department of Public Safety
OFFICE OF VICTIMS' SERVICES
118 W. Capitol Ave.
Pierre, SD 57501-2291

Referred to as State

The State and Sub-Recipient hereby enter into this agreement (the "Agreement" hereinafter) for a grant award of Federal financial assistance to Sub-Recipient.

A. REQUIRED AUDIT PROVISIONS FOR GRANT AWARDS

1. FEDERAL AWARD IDENTIFICATION:

The pass through entity requirements, as described in 2 CFR 200.331, are attached hereto as Exhibit A and incorporated herein. The information in Exhibit A may change without Sub-recipient's consent if there is a change in the award or funding stream. In the event of a change, the State will provide updated information at least annually.

2. PERIOD OF PERFORMANCE OF THIS AGREEMENT:

This agreement shall be effective as indicated by the Start/End Date in Exhibit A.

3. SCOPE OF WORK AND PERFORMANCE PROVISIONS (add an addendum if needed; if an addendum is used it is incorporated herein):

A. The Sub-Recipient will undertake and complete the work or performance described as:

1. Refer to Victims' Services MAVIS Grant Management System for information regarding funds awarded in each grant category;
2. See specific grant assurances in: Certified Assurances as applicable to award(s); Certification of Compliance with the Office of Civil Rights; Certification of EEOP; Certification of Debarment, Suspension, Ineligibility, and Voluntary Exclusion; Certifications Regrading Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements. The following documents are incorporated into Agreement by reference:
 - a) Certified Assurances confirmed within MAVIS during electronic signing the Sub-recipient has read, understands and agrees to the applicable Certified Assurances;
 - b) Required Attachments downloaded, signed and re-uploaded within MAVIS during electronic signing.
3. In furtherance of compliance of the Grantee Guidelines, require all employees watch Civil Rights training video during the grant cycle. This video is located at: <https://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm>

"The Department of Public Safety, Victims' Service Program gratefully acknowledges the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, for allowing us to reproduce, in part or in whole, the video Office for Civil Rights – Training for Grantees. The opinions, findings, and conclusions or recommendations expressed in this video are those of the speaker(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice."

B. If the State will undertake or complete any work or performance under this Agreement it is described as follows:

1. Indicated in Exhibit A and/or;
2. Special Conditions.

4. BASIS FOR SUBAWARD AMOUNTS:

This grant is made for the purpose of providing services to victims of crime.

The amount provided by the State/Grantor, the amount matched by the Sub-Recipient and the total grant amount is provided in Exhibit A.

5. RISK ASSESSMENTS, MONITORING AND REMEDIES:

Risk assessments will be ongoing throughout the project period. Sub-Recipient agrees to allow the State to monitor Sub-Recipient to ensure compliance with program requirements, to identify any deficiencies in the administration and performance of the award and to facilitate the same. At the discretion of the State, monitoring may include but is not limited to the following: On-site visits, follow-up, document and/or desk reviews, third-party evaluations, virtual monitoring, technical assistance and informal monitoring such as email and telephone interviews. As appropriate, the cooperative audit resolution process may be applied.

Sub-Recipient agrees to comply with ongoing risk assessments, to facilitate the monitoring process, and further, Sub-Recipient understands and agrees that the requirements and conditions under the grant award may change as a result of the risk assessment/monitoring process.

In the event of noncompliance or failure to perform under the grant award, the State has the authority to apply remedies, including but not limited to: temporary withholding payments, disallowances, suspension or termination of the federal award, suspension of other federal awards received by Sub-Recipient, debarment, or other remedies including civil and/or criminal penalties as appropriate.

6. RETENTION AND INSPECTION OF RECORDS:

The Sub-Recipient agrees to maintain or supervise the maintenance of records necessary for the proper and efficient operation of the program, including records and documents regarding applications, determination of eligibility (when applicable), the provision of services, administrative costs, and statistical, fiscal, and other information records necessary for reporting and accountability required by the State. The Sub-Recipient shall retain such records for a period of six years after the date of the submission of the final expenditure report.

If any litigation, claim, or audit is started before the expiration of the six-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. The six year retention period may be extended upon written notice by the State. Records for real property and equipment acquired with Federal funds must be retained for six years after final disposition of funds. When records are transferred to or maintained by the Federal awarding agency or the State, the six-year retention requirement is not applicable to the Sub-Recipient. In the event Sub-Recipient must report program income after the period of performance, the retention period for the records pertaining to the earning of the program income starts from the end of Sub-Recipient's fiscal year in which the program income is earned. In the event the documents and their supporting records consist of indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable, the following applies: (1) If submitted for negotiation - If the proposal, plan, or other computation is required to be submitted to the Federal Government (or to the State) to form the basis for negotiation of the rate, then the six-year retention period for its supporting records starts from the date of such submission. (2) If not submitted for negotiation - If the proposal, plan, or other computation is not required to be submitted to the Federal Government (or to the State) for negotiation purposes, then the six-year retention period for the proposal, plan, or computation and its supporting records starts from the end of the Sub-Recipient's fiscal year (or other accounting period) covered by the proposal, plan, or other computation.

The State, through any authorized representative, shall have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this Agreement and shall have access to personnel of the Sub-Recipient for purposes of interview and discussion related to the records, books, papers and documents. State Proprietary Information, which shall include all information disclosed to the Sub-Recipient by the State, shall be retained in Sub-Recipient's secondary and backup systems and shall remain fully subject to the obligations of confidentiality stated herein until such information is erased or destroyed in accordance with Sub-Recipient's

established record retention policies.

All payments to the Sub-Recipient by the State are subject to site review and audit as prescribed and carried out by the State. Any over payment under this Agreement shall be returned to the State within thirty days after written notification to the Sub-Recipient.

7. AUDIT REQUIREMENTS:

If Sub-Recipient expends \$750,000 or more in federal awards during the Sub-Recipient's fiscal year, the Sub-Recipient must have an audit conducted in accordance with 2 CFR Part 200, Subpart F-Audit Requirements, by an auditor approved by the Auditor General to perform the audit. On continuing audit engagements, the Auditor General's approval should be obtained annually. Approval of an auditor must be obtained by forwarding a copy of the audit engagement letter to:

Department of Legislative Audit
 A-133 Coordinator
 427 South Chapelle
 500 East Capitol
 Pierre, SD 57501-5070

If the Sub-Recipient expends less than \$750,000 during any Sub-Recipient fiscal year, the State may perform a more limited program or performance audit related to the completion of the Agreement objects, the eligibility of services or costs, and adherence to Agreement provisions.

Audits shall be completed and filed with the Department of Legislative Audit by the end of the nine months following end of the fiscal year being audited.

For either an entity-wide, independent financial audit or an audit under 2 CFR Part 200 Subpart F, the Sub-Recipient shall resolve all interim audit findings to the satisfaction of the auditor. The Sub-Recipient shall facilitate and aid any such reviews, examinations, agreed upon procedures etc., the State or its contractor(s) may perform.

Failure to complete audit(s) as required, including resolving interim audit findings, will result in the disallowance of audit costs as direct or indirect charges to programs. Additionally, a percentage of awards may be withheld, overhead costs may be disallowed, and/or awards may be suspended, until the audit is completely resolved.

The Sub-Recipient shall be responsible for payment of any and all audit exceptions which are identified by the State. The State may conduct an agreed upon procedures engagement as an audit strategy. The Sub-Recipient may be responsible for payment of any and all questioned costs, as defined in 2 C.F.R. 200.84, at the discretion of the State.

Notwithstanding any other condition of the Agreement, the cooperative audit resolution process applies, as appropriate. The books and records of the Sub-Recipient must be made available if needed and upon request at the Sub-Recipient's regular place of business for audit by personnel authorized by the State. The State and/or federal agency has the right to return to audit the program during performance under the grant or after close-out, and at any time during the record retention period, and to conduct recovery audits including the recovery of funds, as appropriate.

If applicable, Sub-Recipient agrees to comply in full with the administrative requirements and cost principles as outlined in OMB uniform administrative requirements, cost principles, and audit requirements for federal awards – 2CFR Part 200 (Uniform Administrative Requirements).

8. SUB-RECIPIENT ATTESTATION:

By signing this Agreement, Sub-Recipient attests to the following requirements as set forth in SDCL § 1-56-10:

- (A) A conflict of interest policy is enforced within the recipient's or sub-recipient's organization;
- (B) The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub-recipient's website;
- (C) An effective internal control system is employed by the recipient's or sub-recipient's organization; and

(D) If applicable, the recipient or sub-recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub-recipient's website.

Sub-Recipient further represents that any and all concerns or issues it had in complying with the foregoing attestations were provided to the State and resolved to their satisfaction prior to signing this Agreement.

If a Sub-Recipient is a non-state agency they agree to disclose to the State, in writing, any conflicts of interest that exist under the Sub-Recipient's conflict of interest policy. The State will publically post any disclosed conflicts of interest along with the corresponding grant agreement on the OpenSD website.

In the event of a significant change in the conflict of interest policy, sub-recipient agrees to provide immediate notice of such change to the State, and provide a copy of the new conflict of interest policy. Sub-recipient understands that any change in the conflict of interest policy may result in a change in their monitoring or other performance requirements under the grant and expressly agrees to comply with those changes and to facilitate any additional monitoring as required by the State.

9. CLOSEOUT:

- a. For purposes of this Agreement, "Date of Completion" shall mean the date when the Agreement expires pursuant to its terms or is terminated in accordance with paragraph 12.
- b. The Sub-Recipient shall submit a final financial report to the State. Within the limits of the Agreement amount, the State may make upward or downward cost adjustments on the basis of the information contained in the report. Agreement obligations will remain in force until all final reports are reviewed and approved by the State.
- c. The Sub-Recipient, along with the final financial report, will refund to the State any unexpended funds or unobligated (unencumbered) cash advances.
- d. All outstanding obligations (encumbered funds) which have not been paid out as of the Date of Completion must be liquidated prior to the submission of the final report.
- e. Whether or not audits were conducted during the Agreement term, a final financial and compliance audit may be initiated up to three years after the date the State approves the final financial report.
- f. If either the final financial report or the final audit discloses an overpayment to the Sub-Recipient, the State may, at its option, either require the Sub-Recipient to repay the overpayment to the State or deduct the amount of overpayment from monies due the Sub-Recipient under this Agreement or under any other agreement between the Sub-Recipient and the State.
- g. The Sub-Recipient shall provide, along with the final financial report, a written accounting of property acquired with Agreement funds or received from the State.
- h. All close-out requirements must be completed within 10 days after the "Date of Completion."

B. STANDARD CLAUSES

10. ASSURANCE REQUIREMENTS:

The Sub-Recipient agrees to abide by all applicable provisions of the following: Lobbying Activity, Byrd Anti Lobbying Amendment (31 USC 1352), Debarment and Suspension (Executive Orders 12549 and 12689 and 2 C.F.R. 180), Drug-Free Workplace, Executive Order 11246 Equal Employment Opportunity as amended by Executive Order 11375 and implementing regulations at 41 C.F.R. part 60, Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, Title IX of the Education Amendments of 1972, Drug Abuse Office and Treatment Act of 1972, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Age Discrimination Act of 1975, Pro-Children Act of 1994, Hatch Act, Health Insurance Portability and Accountability Act (HIPAA) of 1996 as amended, Clean Air Act, Federal Water Pollution Control Act, Charitable Choice Provisions and Regulations, Equal Treatment for Faith-Based Religions at Title 28 Code of Federal Regulations Part 38, Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"), 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5), 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements, the Violence Against Women Reauthorization Act of 2013 and American Recovery and Reinvestment Act of 2009, as applicable; and any other nondiscrimination provision in the specific statute(s) under which application for Federal assistance is being made; and the requirements of any other nondiscrimination statute(s) which may apply to the award.

11. COST PRINCIPLES:

If applicable, Sub-Recipient agrees to comply in full with the administrative requirements and cost principles as outlined in OMB uniform administrative requirements, cost principles, and audit requirements for federal awards – 2CFR Part 200 (Uniform Administrative Requirements).

12. TERMINATION:

This Agreement may be terminated by either party hereto upon thirty (30) days written notice. In the event the Sub-Recipient breaches any of the terms or conditions hereof, this agreement may be terminated by the State for cause at any time, with or without notice. Upon termination of this agreement, all accounts and payments shall be processed according to financial arrangements set forth herein for services rendered to date of termination.

13. FUNDING:

This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of the law or federal funds reduction, this Agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

14. ASSIGNMENT AND AMENDMENT:

This Agreement may not be assigned without the express prior written consent of the State. This Agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

15. CONTROLLING LAW:

This Contract shall be governed by and construed in accordance with the laws of the State of South Dakota, without regard to any conflicts of law principles, decisional law, or statutory provision which would require or permit the application of another jurisdiction's substantive law. Venue for any lawsuit pertaining to or affecting this Agreement shall be in the Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

16. SUPERCESSION:

All other prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement, and except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.

17. SEVERABILITY:

In the event that any provision of this Agreement shall be held unenforceable or invalid by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision of this Agreement, which shall remain in full force and effect.

18. NOTICE:

Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the Division being contracted with on behalf of the State, and by the Sub-Recipient, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

19. SUBCONTRACTORS/SUB-SUB-RECIPIENTS:

The Sub-Recipient will not use subcontractors or other sub-recipients to perform work under this Agreement without the express prior written consent from the State. The State reserves the right to complete a risk assessment on any proposed sub-contractor or sub-recipient and to reject any person or entity presenting insufficient skills or inappropriate behavior.

The Sub-Recipient will include provisions in its subcontracts or sub-grants requiring its subcontractors and sub-recipients to comply with the applicable provisions of this Agreement, to indemnify the State, and to provide insurance coverage for the benefit of the State in a manner consistent with this Agreement. The Sub-Recipient will cause its subcontractors, sub-recipients, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance. The State, at its option, may require the vetting of any subcontractors and sub-recipients. The Sub-Recipient is required to assist in this process as needed.

20. STATE’S RIGHT TO REJECT:

The State reserves the right to reject any person or entity from performing the work or services contemplated by this Agreement, who present insufficient skills or inappropriate behavior.

21. CONFLICT OF INTEREST:

Sub-Recipient agrees to establish safeguards to prohibit any employee or other person from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain as contemplated by SDCL 5-18A-17 through 5-18A-17.6. Any potential conflict of interest must be disclosed in writing and approved, in writing, by the State. In the event of a conflict of interest, the Sub-Recipient expressly agrees to be bound by the conflict of interest resolution process set forth in SDCL § 5-18A-17 through 5-18A-17.6.

22. TERMS:

By accepting this Agreement, the Sub-Recipient assumes certain administrative and financial responsibilities. Failure to adhere to these responsibilities without prior written approval by the State shall be a violation of the terms of this Agreement, and the Agreement shall be subject to termination.

23. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION:

Sub-Recipient certifies, by signing this Agreement, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or any state or local government department or agency. Sub-Recipient further agrees that it will immediately notify the State if during the term of this Agreement it or its principals become subject to debarment, suspension or ineligibility from participating in transactions by the federal government, or by any state or local government department or agency.

C. AGENCY OR GRANT SPECIFIC CLAUSES

24. This agreement is **exempt from the request for proposal process.**

25. Does this agreement involve Protected Health Information (PHI)? **YES () NO (X)**

If PHI is involved, a Business Associate Agreement must be attached and is fully incorporated herein as part of the agreement (refer to attachment).

26. PROPERTY MANAGEMENT STANDARDS:

The Sub-Recipient agrees to observe Federal Government uniform standards governing the utilization of property whose cost was charged to a project supported by a Federal grant.

27. TECHNICAL ASSISTANCE:

The State agrees to provide technical assistance regarding the State’s rules, regulations and policies to the Sub-Recipient and to assist in the correction of problem areas identified by the State’s monitoring activities.

28. LICENSING AND STANDARD COMPLIANCE:

The Sub-Recipient agrees to comply in full with all licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance in which the service and/or care is provided for the duration of this agreement. The Sub-Recipient will maintain effective internal controls in managing the federal award. Liability resulting from noncompliance with licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance or through the Sub-Recipient’s failure to ensure the safety of all individuals served is assumed entirely by the Sub-Recipient.

29. WORK PRODUCT:

Sub-Recipient hereby acknowledges and agrees that all reports, plans, specifications, technical data, drawings, software system programs and documentation, procedures, files, operating instructions and procedures, source code (s) and documentation, including those necessary to upgrade and maintain the software program, state proprietary information, state data, end user data, Personal Health Information as defined in 45 CFR 160.103, and all information contained therein provided to the State by the Sub-Recipient in connection with its performance of service under this Agreement shall belong to and is the property of the State and will not be used in any way by the Sub-Recipient without the written consent of the State.

Paper, reports, forms, software programs, source code(s) and other materials which are a part of the work under this Agreement will not be copyrighted without written approval of the State. In the unlikely event that any copyright does not fully belong to the State, the State nonetheless reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and otherwise use, and to authorize others to use, any such work for government purposes.

Sub-Recipient agrees to return all information received from the State to State's custody upon the end of the term of this contract, unless otherwise agreed in a writing signed by both parties.

30. INDEMNIFICATION:

The Sub-Recipient agrees to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require the Sub-Recipient to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

31. INSURANCE:

Before beginning work under this Agreement, the Sub-Recipient shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. The Sub-Recipient, at all times during the term of this Agreement, shall obtain and maintain in force insurance coverage of the types and with the limits listed below. In the event of a substantial change in insurance, issuance of a new policy, cancellation or nonrenewal of the policy, the Sub-Recipient agrees to provide immediate notice to the State and provide a new certificate of insurance showing continuous coverage in the amounts required. Sub-Recipient shall furnish copies of insurance policies if requested by the State.

A. Commercial General Liability Insurance:

The Sub-Recipient shall maintain occurrence-based commercial general liability insurance or an equivalent form with a limit of not less than **\$1,000,000** for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two times the occurrence limit.

B. Business Automobile Liability Insurance:

The Sub-Recipient shall maintain business automobile liability insurance or an equivalent form with a limit of not less than **\$500,000** for each accident. Such insurance shall include coverage for owned, hired, and non-owned vehicles.

C. Worker's Compensation Insurance:

The Sub-Recipient shall procure and maintain Workers' Compensation and employers' liability insurance as required by South Dakota law.

D. Professional Liability Insurance:

The Sub-Recipient agrees to procure and maintain professional liability insurance with limit not less than **\$1,000,000**.

32. CONFIDENTIALITY OF INFORMATION:

For the purpose of the sub-paragraph, "State Proprietary Information" shall include all information disclosed to the

Sub-Recipient by the State. Sub-Recipient acknowledges that it shall have a duty to not disclose any State Proprietary Information to any third person for any reason without the express written permission of a State officer or employee with authority to authorize the disclosure. Sub-Recipient shall not: (i) disclose any State Proprietary Information to any third person unless otherwise specifically allowed under this contract; (ii) make any use of State Proprietary Information except to exercise rights and perform obligations under this contract; (iii) make State Proprietary Information available to any of its employees, officers, agents or consultants except those who have agreed to obligations of confidentiality at least as strict as those set out in this contract and who have a need to know such information. Sub-Recipient is held to the same standard of care in guarding State Proprietary Information as it applies to its own confidential or proprietary information and materials of a similar nature, and no less than holding State Proprietary Information in the strictest confidence. Sub-Recipient shall protect confidentiality of the State's information from the time of receipt to the time that such information is either returned to the State or destroyed to the extent that it cannot be recalled or reproduced. State Proprietary Information shall not include information that (i) was in the public domain at the time it was disclosed to Sub-Recipient; (ii) was known to Sub-Recipient without restriction at the time of disclosure from the State; (iii) that is disclosed with the prior written approval of State's officers or employees having authority to disclose such information; (iv) was independently developed by Sub-Recipient without the benefit or influence of the State's information; (v) becomes known to Sub-Recipient without restriction from a source not connected to the State of South Dakota. State's Proprietary Information shall include names, social security numbers, employer numbers, addresses and all other data about applicants, employers or other clients to whom the State provides services of any kind. Sub-Recipient understands that this information is confidential and protected under applicable State law at SDCL 1-27-1.5, modified by SDCL 1-27-1.6, SDCL 28-1-29, SDCL 28-1-32, and SDCL 28-1-68 as applicable federal regulation and agrees to immediately notify the State of the information disclosure, either intentionally or inadvertently. The parties mutually agree that neither of them shall disclose the contents of the agreement except as required by applicable law or as necessary to carry out the terms of the agreement or to enforce that party's rights under this agreement. Sub-Recipient acknowledges that the State and its agencies are public entities and thus are bound by South Dakota open meetings and open records laws. It is therefore not a breach of this agreement for the State to take any action that the State reasonably believes is necessary to comply with the South Dakota open records or open meetings laws, including but not limited to posting this Agreement on the State's website. If work assignment performed in the course of this Agreement required security requirements or clearance, the Sub-Recipient will be required to undergo investigation.

Sub-recipient acknowledges that the State shares general information, including performance information, about Sub-recipient among and between other State agencies upon request of such agencies for the purpose of making determinations of the risk involved with potential, subsequent grant awards and for other purposes. Sub-recipient expressly consents and agrees to such uses by the State.

D. AUTHORIZED SIGNATURES:

In witness hereto, the parties signify their agreement by affixing their signatures hereto.

| | |
|--------------------------------|-----------|
| Becky Rasmussen | 6/5/2019 |
| Grantee Signature | Date |
| Laura Quasney | 7/10/2019 |
| Program Specialist I Signature | Date |

Exhibit A

Contract #: 2020-1441-00035

VICTIMS' SERVICES GRANT AGREEMENT

OFFICE OF VICTIMS' SERVICES

118 West Capitol Avenue, Pierre SD 57501

Phone: (605)-773-6317; FAX: (605)-773-2955

| | | | |
|--|--|--|--|
| a. Sub-recipient Name: | Call to Freedom | | |
| b. Sub-recipient DUNS: | 080291351 | | |
| c. Sub-Award Period of Performance Start and End Date: | 6/1/2019 - 6/30/2020 | | |
| d. Award for Research & Development? | No | | |
| e. Indirect Cost Rate for Federal Award: | 10% | | |
| f. State Agency: | South Dakota Department of Public Safety | | |
| g. Agency Division: | Victims' Services Program | | |
| h. State Program Contact: | Laura Quasney | | |

| SASP Award | | |
|--|---|---|
| Total amount of Federal Funds obligated to the Sub-recipient: | | \$135,582.14 |
| FAIN Number: | Federal Award Date: | Federal Awarding Agency: |
| 2016-KF-AX-0049 | | The Violence Against Women Office |
| Federal Funds | State & Local Match | Total Federal & Match |
| \$135,582.14 | N/A | \$135,582.14 |
| CFDA #: | CFDA Name: | Federal Award Project Description: |
| 16.017 | Sexual Assault Services Formula Program | Sexual assault support services |

| VOCA Award | | |
|--|--------------------------------|---|
| Total amount of Federal Funds obligated to the Sub-recipient: | | \$450,749.26 |
| FAIN Number: | Federal Award Date: | Federal Awarding Agency: |
| 2016-VA-GX-0068 | 6/4/2019 | Office of Victims of Crime |
| Federal Funds | State & Local Match | Total Federal & Match |
| \$450,749.26 | \$112,687.32 | \$563,436.58 |
| CFDA #: | CFDA Name: | Federal Award Project Description: |
| 16.575 | Crime Victim Assistance | Support for victims of crimes |

Certified Assurances:

- [SASP Certified Assurances](#)
- [VOCA Certified Assurances](#)
- [Combined Certified Assurances](#)

Required Attachments:

- [Certification of Compliance with the Office of Civil Rights](#)
- [Certification of EEOP](#)
- [Certification of Debarment, Suspension, Ineligibility, and Voluntary Exclusion](#)
- [Certification regarding Lobbying, Debarment, Suspension, and Other Responsibility Matters](#)

| Award Summary | |
|--|--------------|
| Amount provided by State/Grantor: | \$586,331.40 |
| Amount matched by Grantee: | \$112,687.32 |
| Total Grant Amount: | \$699,018.72 |
| Dollars provided by State/Grantor Breakdown | |
| Non-Federal State dollars: | \$0.00 |
| Federal Pass-Through dollars: | \$586,331.40 |
| Award Breakdown by Program/CFDA | |
| SASP: 16.017 | \$135,582.14 |
| VOCA: 16.575 | \$450,749.26 |