

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

## 1A. SF-424 Application Type

- 1. Type of Submission: Application
- 2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 08/28/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: SD0040

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

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

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

a. Legal Name: Journey On  
b. Employer/Taxpayer Identification Number (EIN/TIN): 83-1024700  
c. Unique Entity Identifier: EU6HXFVKFCF4

### d. Address

Street 1: PO Box 1874  
Street 2:  
City: Rapid City  
County:  
State: South Dakota  
Country: United States  
Zip / Postal Code: 57709

### e. Organizational Unit (optional)

Department Name:  
Division Name:

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

Prefix: Mr.  
First Name: Lance  
Middle Name:  
Last Name: Lehmann  
Suffix:  
Title: Board Treasurer  
Organizational Affiliation: Journey On  
Telephone Number: (605) 390-1087  
Extension:

**Fax Number:** (605) 348-1007

**Email:** lance.lehmann@gmail.com

## 1C. SF-424 Application Details

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

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-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: STEPS Renewal 8\_2023

16. Congressional District(s):

16a. Applicant: SD-000

16b. Project: SD-000  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

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: Dr.

First Name: Richard

Middle Name:

Last Name: Braunstein

Suffix:

Title: Outreach Director

Telephone Number: (605) 670-0117  
(Format: 123-456-7890)

Fax Number: (605) 348-1007  
(Format: 123-456-7890)

Email: rich.braunstein@usd.edu

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

Date Signed: 08/28/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Journey On

**Prefix:** Dr.

**First Name:** Richard

**Middle Name:**

**Last Name:** Braunstein

**Suffix:**

**Title:** Outreach Director

**Organizational Affiliation:** Journey On

**Telephone Number:** (605) 670-0117

**Extension:**

**Email:** rich.braunstein@usd.edu

**City:** Rapid City

**County:**

**State:** South Dakota

**Country:** United States

**Zip/Postal Code:** 57709

**2. Employer ID Number (EIN):** 83-1024700

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

**4. Amount of HUD Assistance Requested/Received: \$169,500.00**

(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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

**Name / Title of Authorized Official:** Richard Braunstein, Outreach Director

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

**Date Signed:** 08/28/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Journey On  
**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 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.**

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Dr.

**First Name:** Richard

**Middle Name**

**Last Name:** Braunstein

**Suffix:**

**Title:** Outreach Director

**Telephone Number:** (605) 670-0117  
**(Format: 123-456-7890)**

**Fax Number:** (605) 348-1007  
**(Format: 123-456-7890)**

**Email:** rich.braunstein@usd.edu

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

**Date Signed:** 08/28/2023

## 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:

**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:** Journey On

**Name / Title of Authorized Official:** Richard Braunstein, Outreach Director

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

**Date Signed:** 08/28/2023

# 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: Journey On  
Street 1: PO Box 1874  
Street 2:  
City: Rapid City  
County:  
State: South Dakota  
Country: United States  
Zip / Postal Code: 57709

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.



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**Authorized Representative**

**Prefix:** Dr.

**First Name:** Richard

**Middle Name:**

**Last Name:** Braunstein

**Suffix:**

**Title:** Outreach Director

**Telephone Number:** (605) 670-0117  
**(Format: 123-456-7890)**

**Fax Number:** (605) 348-1007  
**(Format: 123-456-7890)**

**Email:** rich.braunstein@usd.edu

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

**Date Signed:** 08/28/2023

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Journey On  
**Prefix:** Dr.  
**First Name:** Richard

**Middle Name:**

**Last Name:** Braunstein

**Suffix:**

**Title:** Outreach Director

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

**Date Signed:** 08/28/2023

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? No
- 3a. If no was selected, explain why CoC Program funds are not drawn quarterly.  
Funds are drawn monthly from ELOCCS.
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## YHDP Renewal Grant Consolidation Screen

The FY2023 CoC Competition will continue offering opportunities to consolidate CoC projects.

1. Consolidations will no longer be required to submit a combined version of the application.



a. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for the Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2023 CoC Program Competition? No  
"If "No" click on "Next" or "Save & Next" below to move to the next screen."

## 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	Type	Sub-Award Amount
This list contains no items			

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** SD0040  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** SD-500 - South Dakota Statewide CoC
- 3. CoC Collaborative Applicant Name:** South Dakota Housing Development Authority
- 4. Project Name:** STEPS Renewal 8\_2023
- 5. Project Status:** Standard
- 6. Component Type:** SSO
- 6a. Please select the type of SSO project:** Street Outreach
- 7. Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3?** No
- 8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** Yes



### 3B. Project Description

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

We plan to provide supportive services to the youth we serve through our STEPS Team. STEPS is an acronym for Support Team Encouraging Perseverance and Strength. STEPS provides human-to-human contact to establish relationships with our young adult relatives (ages 16-24) living on the street, living in vehicles, or living in unstable housing situations such as couch surfing, doubled up, or temporary hotel housing.

STEPS will work first to identify the vulnerable population of youth in need of support services. The identification of members of this population is substantial challenge because the population is not accessible at locations we are accustomed to finding older houseless relatives. Similarly, we do not expect vulnerable youth to seek out the same types of services as older houseless relatives. Both of these factors make the work of identifying the members of this population more challenging and the need for working strategically with community partners to advance the identification extremely important.

Once identified, we will deliver daily outreach to build relationships and to distribute necessities of food and water, clothing, hygiene products, and personal protective equipment as we assess the youth's additional needs. We work with community partners to meet the needs of this population in areas of education, health care, family mediation, peer networking, and professional/personal mentoring and development. We work to identify barriers and collaborate with resources partners to remove as many of the barriers faced by young relatives in each of these areas of need.

The STEPS Program relies on a process of building personal connections that play a role in helping a person improve their housing, mental and physical health status, and social support network. Understanding the needs of those we serve builds trusting relationships that can be relied upon to help individuals accept the additional services/resources needed to move toward self-sufficiency.

STEPS also relies on community partners to refer youth to our program who need transportation and mentoring support. We try to be available as a transportation and mentoring resource for our community's YAB, for the Family Connections Center Circle Program, and for Wambli Ska's Teen Drop-In Center.

Our methods of engaging youth for this project follow three main paths:

1. Emergency Response
2. Proactive Outreach
3. Partner Referrals

**1a. Provide a description that addresses how this project will follow Positive Youth Development.**

STEPS approach to outreach is from a person-centered perspective, removing as many barriers to service as possible by meeting folks where they are at physically, spiritually and emotionally. STEPS approaches every person knowing they have a story to share and personal strengths to offer. STEPS does not place the burden on the individual in need to come to the organization-- STEPS is mobile, taking services and mentorship to the street, hotel, car or wherever else a youth might find themselves when they are in need of support. STEPS focuses on building relationships one-on-one through trust first before even suggesting service provision because many do not trust the service system due to personal experience and perceptions and/or historical and generational trauma.

To engage in this way, STEPS employs individuals with lived experience in homelessness and/or addiction and/or those who have experiences interacting with the criminal justice system. Journey On also has board members representative of the population served by the organization including a former member of the local Youth Advisory Board and will invite active members of the Youth Advisory Board to participate in Board meetings to provide feedback on progress and impact. Most of the STEPS team is staffed by Native community members and provides access to cultural medicines and supports if that is something a youth is interested in. We work with nearly every element of the community and work to elevate vulnerable voices in the community and will continue to expand our youth advocacy and services through this grant.

In short, we reflect and represent the people we serve. We bring these values to the community at-large, local businesses, and our co-response partners to build positive relationships through greater understanding of and advocacy for those we serve.

**1b. Provide a description that addresses how this project will follow Trauma Informed Care.**

STEPS works with one of Rapid City’s most vulnerable populations every day, knowing each and every person has likely been exposed to a multitude of traumas in their life. STEPS approaches every interaction as an opportunity to build trust through relationships. We know that everyone we encounter has a different path to success and that their traumas are an important component of that path. We also know traditional service provision does not sufficiently account for personal trauma, historical trauma, or cultural background in facilitating paths to success. STEPS is aware youth and families in crisis or surviving traumatic events are not always going to want to connect with services right away or will be successful with the first or even tenth attempt when connecting with the service community. STEPS focuses on the opportunities for mentorship they are afforded with an individual and the strength of the relationship that can be developed, going back daily to check on someone if needed. This model of service is based upon the principals of safety, trust, transparency, peer support, collaboration, empowerment, humility and responsiveness.

**1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?**

As a mobile outreach organization STEPS will contribute directly to goal one of the Coordinated Community Plan (CCP) to identify unaccompanied youth experiencing homelessness. Because STEPS is aware that the 16-24 year old population is difficult to locate and unlikely to use drop in centers, STEPS model of meeting youth where they are is essential to identifying youth struggling with houselessness. Through our county dispatch responsibilities and public safety partnerships, Journey on will contribute to the second CCP goal of using shelter diversion strategies because it is likely that many houseless youth will interact with the criminal justice system and we can be there as a first responder when they do. Through proactive outreach efforts, STEPS will help to minimize exposure to the criminal justice system and the traumas that come with it, while increasing supportive service interactions that destabilize the family structure and address basic needs.

These contributions to the first two goals will lead to opportunities to contribute to goals three and four. STEPS will contribute to goal three of strengthening the coordinated entry process for youth through our existing relationship with VOA, providing warm hand offs to this essential partner in our outreach activities and staying active with the youth we refer to VOA, or Wambli Ska, or the Family Connections Center. As expected in goal four's focus on ongoing support, we will provide transportation and follow-up outreach to maximize the potential for success of the houseless youth our community engages. We anticipate being the mobile resource the drop-in centers and VOA need to make sure engaged youth are supported in securing documentation, keeping appointments, moving into new homes, or providing a consistent presence when youth struggle with the transition process.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

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

**2a. Please identify the specific populations addressed in this project**

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors (Include short textbox if "minor" selected)	<input checked="" type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Abiding by state law in serving Minors: yes

**3. Housing First**

3a. Does the project quickly move participants into permanent housing? No

3b. Does the project items enroll program participants who have the following barriers? Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? No

**5. Effectively serving youth populations:**

**5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.**

From November 8th of 2022 through August 15th of 2023 the STEPS team documented 670 responses to youth as part of their outreach and case management efforts. For these 670 records over approximately 10 months 79.1 percent of those served self-identified as Native American. Twelve percent self-identified as mixed race, with a large majority of those individuals have a combination of Native American and other racial backgrounds. Another 8.2 percent were White and less than one percent were Black. This racial composition is consistent with the population our Journey On Street Outreach Team serves. As such, we are confident that the racial composition of the persons we serve are upwards of 92 percent Native American. This is confirmed in both the STEPS Program and Journey On Street Outreach Program data.

**5b. Identify any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities.**

Despite the supermajority of Native Americans in the population we serve, STEPS is committed to serving individuals of all races and ethnicities. The overwhelming majority of these Native American community members are Lakota or Dakota. STEPS is a culturally competent program that subscribes to Lakota values and cultural practices in its field work. Similarly, our primary community partners at the Family Connections Center's Circle Program and the Wambli Ska Teen Drop-In Center are remarkably open to persons and communities of color. As such, we are not aware of any barriers persons or communities of color would experience in the core functions of our program. Persons and communities of color may experience discrimination in the broader community of Rapid City, but these instances are unrelated to our grant activities and would only be experienced by the population we serve in health care, housing, employment, and education settings in isolated instances within the broader community well-beyond the control of the STEPS program or its primary partners.

**5c. Detail the steps you will take to prevent, reduce or eliminate these barriers.**

To the extent those we serve are subject to discrimination in the broader community we would certainly intervene in support of the youth in our programs to assist those agencies and their representatives become aware of the disparate impact of their actions. We could attempt to do so in a supportive way first, without escalating tensions and with the intention of improving their services to persons and communities of color. If disparate treatment or impact were to persist in the actions of broader community agencies or their representatives, we would stand with the youth we serve to pursue remedies from political, legal, and/or economic systems that regulate the behavior of those agencies or representatives. In short, we would not tolerate discrimination and would seek to remove it starting at the lowest levels.

**5d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.**

Action forms completed by STEPS team members document each interaction team members have with the individuals we serve. The action forms are a reliable data source for program evaluation, tracking progress of individuals as well as classes of individuals. From our action forms we can aggregate interactions for racial subgroups, as well as identify barriers and remedies for any individual youth in our program. We will use these action forms to track and evaluate progress for program participants, include racial equity concerns and what is done to address them as they arise.

## Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

**1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?**

We work with community partners to assess needs for coordinate entry, temporary housing assistance, and ongoing housing support for the youth we work with. Our intervention strategies include working through the specific needs of the youth and families we engage, followed by navigating those individuals to appropriate community resources. Often there are significant barriers to assisting youth and families in receiving support from community service providers, in which case we continue to identify potential service providers and navigate those we work with to "what's next" in their efforts to secure support services.

**1b. What services are provided to engage the family and youth? (You may select more than one)**

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input checked="" type="checkbox"/>
Relative or kinship caregiver resources	<input checked="" type="checkbox"/>
Targeted substance abuse and mental health treatment	<input checked="" type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input type="checkbox"/>
One time moving assistance	<input type="checkbox"/>
Rental Application fees	<input type="checkbox"/>

Utility or Rental Arrears	<input type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>

**2. Is this a Host Homes Project?** No

**3. Does this project plan to use Rental Assistance?** No

**4. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?**

STEPS will work with the current members in coordinated monthly meeting with Journey On board of directors and the Youth Advisory Board to develop and review outreach program policies, practices and procedures. More, STEPS will consult with the YAB at these coordinated monthly meeting on the creation of a specialized youth team we plan to establish with this funding through monthly.

We will support the YAB in bringing potential new members to the table when they identify an interest in serving the community with their experience. We will work with our community partners to help us identify youth interested in serving on the YAB. We will encourage youth with lived experience, including current and former YAB members, to apply for professional paid outreach positions at Journey On's Street Outreach Team and its STEPS Program.

**5. Will your project offer any specialized services for youth living with HIV/AIDS?** Yes

**a. If Yes, please provide detail of those services.**

We will work with our partners at VOA's HIV/AIDS program to ensure that any houseless youth with HIV/AIDS receives the full-range of support available to reduce barriers and advance potential for any HIV/AIDS impacted youth we work with. Again, most of our YHDP action plans rely greatly on resource navigation with and by a growing network of community partners.



## Special YHDP Activities

1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? No

## 4A. Supportive Services for Participants

**1. For all supportive services available to program 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	Daily
Assistance with Moving Costs	Partner	Daily
Case Management	Applicant	Daily
Child Care	Non-Partner	Daily
Education Services	Partner	Daily
Employment Assistance and Job Training	Partner	Daily
Food	Partner	Daily
Housing Search and Counseling Services	Partner	Daily
Legal Services	Non-Partner	Daily
Life Skills Training	Applicant	Daily
Mental Health Services	Partner	Daily
Outpatient Health Services	Non-Partner	Daily
Outreach Services	Applicant	Daily
Substance Abuse Treatment Services	Non-Partner	Daily
Transportation	Applicant	Daily
Utility Deposits	Partner	Daily

**2. How will the project allow youth the ability to choose the providers and interventions that fit their needs?**

At the core of the STEPS outreach program is trusting relationships with the relatives we work with. This trusting relationship extends to gaining consent for all services provided. We will provide a full range of resource options and work to share information about them all. Ultimately, the motto is "youth voice youth choice" (cite is Tracy Sigdestad). We simply do not ask the relatives we work with you visit with or use the services of any community program provider they do not consent to.

**3. How will the project respond to the different needs for service type, intensity, and length of supports for youth?**

Because we work in human-to-human interactions, one person and one interaction at a time, STEPS always matches our resource navigation efforts to the individual needs of the relatives we work with. Keep in my the use of the term "work with" rather than "work for." Working with a relative presumes that all resource navigation and recommendations are advanced with the needs and interests of the relative who we expect are capable of making decisions in their own best interests to meet their needs. We help relatives with the information and sometimes skills needed to inform their consent, but at all times we are working at individual levels focused on the one person we are interacting with at that one time we are working together.

**Identify whether the project includes the following activities:**

**4. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs?** Yes

**4a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?** Yes

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


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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** No

## **4A. HMIS Standards**

- 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual?**
  
- 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.).**
  
- 3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?**
  
- 4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?**
  
- 5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**
  
- 6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**
  
- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?**
  
- 8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

## 4B. Housing Type and Location

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

Total Units: 0

Total Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

## 4B. Housing Type and Location Detail

1. Housing Type: None

## 5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	8	12	2	22

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
Persons over age 24	0	0		0
Persons ages 18-24	12	12		24
Accompanied Children under age 18	14		0	14
Unaccompanied Children under age 18			2	2
<b>Total Persons</b>	26	12	2	40

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	12			2						
Children under age 18	14									
<b>Total Persons</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	12									
<b>Total Persons</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18	2									0
<b>Total Persons</b>	<b>2</b>	<b></b>	<b></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals



## 6A. Funding Request

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

2. Renewal Grant Term: 1 Year  
This field is pre-populated with a one-year grant term and cannot be edited:

3. Select the costs for which funding is requested:

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

## 6E. 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		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	100% of food budget for outreach services.	\$2,567
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	1 each, staff position, Lead YHDP Outreach Coordinator, 1 FTE@ \$51,207.27, including benefits per year. 2 each, staff position, YHDP Outreach Worker, 2 FTE@ \$38,405.45, including benefits per year. 100% of outreach supplies (blankets, hygiene, PPE).	\$133,268
14. Substance Abuse Treatment Services		
15. Transportation	100% of mileage budget for outreach services.	\$15,780
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$151,615</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$151,615</b>

Click the 'Save' button to automatically calculate totals.

## 6G. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	One part-time HMIS administrator	\$5,085
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$5,085
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$5,085

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

# VAWA Budget

## VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

## 6H. 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 Amount of Cash Commitments:	\$42,375
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$42,375

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Journey On	\$42,375

## Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Journey On  
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$42,375

## 6I. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$0
3. Supportive Services (Screen 6E)	\$151,615
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$5,085
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$156,700
8. Admin (Up to 10% of Sub-total in #8)	\$12,800
9. HUD funded Sub-total + Admin. Requested	\$169,500
10. Cash Match (From Screen 6H)	\$42,375
11. In-Kind Match (From Screen 6H)	\$0
12. Total Match (From Screen 6H)	\$42,375
13. Total Project Budget for this grant, including Match	\$211,875



## 7A. Attachment(s)

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

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Richard Braunstein

**Date:** 08/28/2023

**Title:** Outreach Director

**Applicant Organization:** Journey On

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.** (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

## 8B Submission Summary

Page	Last Updated
YHDP Renewal Project Application FY2023	Page 53 08/28/2023

1A. SF-424 Application Type	08/14/2023
1B. SF-424 Legal Applicant	08/14/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2023
1E. SF-424 Compliance	08/14/2023
1F. SF-424 Declaration	08/15/2023
1G. HUD 2880	08/15/2023
1H. HUD 50070	08/15/2023
1I. Cert. Lobbying	08/14/2023
1J. SF-LLL	08/23/2023
IK. SF-424B	08/14/2023
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation	08/14/2023
2A. Subrecipients	No Input Required
3A. Project Detail	08/15/2023
3B. Description	08/17/2023
Youth Homeless Demonstration Projects	08/17/2023
Special YHDP Activities	08/17/2023
4A. Services	08/17/2023
4A. HMIS Standards	No Input Required
4B. Housing Type	08/17/2023
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	08/17/2023
6E. Supp Srvcs Budget	08/17/2023
6G. HMIS Budget	08/17/2023
VAWA Budget	No Input Required
6H. Match	08/17/2023
6I. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required

**7B. Certification**

08/17/2023