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.

- Questions regarding the FY 2021 CoC Program Competition process must be submitted to 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.

- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.

- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 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 from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.

- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).

- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.

- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

Renewal Project Application FY2021	Page 1	09/30/2021
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1A. SF-424 Application Type

1. Type of Submission: 2. Type of Application: If "Revision", select appropriate letter(s): If "Other", specify:	Application Renewal Project Application
3. Date Received: 4. Applicant Identifier: 5a. Federal Entity Identifier:	09/30/2021
5b. Federal Award Identifier: 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).	SD0028
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State: 7. State Application Identifier:	

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1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: South Dakota Housing Development Authority **ication Number** 46-0318666

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

d. Address Street 1: 3060 East Elizabeth Street Street 2: 90 Box 1237 City: 9ierre County: Hughes State: South Dakota County: United States Zip / Postal Code: 57501 e. Organizational Unit (optional) Department Name: Department of Rental Housing Division Name: Department of Rental Housing Division Name: Department of Rental Housing State: Mr. First Name: Davis Middle Name: Last Name: Schofield Suffix: Title: Continuum of Care Administrator Organizational Affiliation: South Dakota Housing Development Authority Felephone Nume: (605) 773-3108	c. Organizational DUNS:		062197517	PLUS 4	
Street 1:3060 East Elizabeth StreetStreet 2:PO Box 1237City:PierreCounty:HughesState:South DakotaCountry:United StatesZip / Postal Code:57501e. Organizational Unit (optional)Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this applicationMr.First Name:DavisMiddle Name:SchofieldSuffix:SchofieldSuffix:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority					
Street 2:PO Box 1237City:PierreCounty:HughesState:South DakotaCounty:United StatesZip / Postal Code:57501e. Organizational Unit (optional)Department Name:Department Name:Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this applicationMr.First Name:DavisPrefix:Mr.Kindle Name:SchofieldLast Name:SchofieldSuffix:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority					
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CountyHughesState:South DakotaCounty:United StatesZip / Postal Code:57501e. Organizational Unit (optional)Department of Rental HousingDepartment Name:Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this applicationMr.Frist Name:DavisMiddle Name:DavisLast Name:SchofieldSuffix:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority	Street 2:	PO Bo	ox 1237		
State:South DakotaCountry:United StatesZip / Postal Code:57501e. Organizational Unit (optional)Department of Rental HousingDepartment Name:Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this applicationMr.First Name:DavisPrefix:Mr.Kinddle Name:SchofieldSuffix:SchofieldSuffix:SchofieldOrganizational Affiliation:South Dakota Housing Development Authority	City:	Pierre			
Country:United StatesZip / Postal Code:57501e. Organizational Unit (optional)Department of Rental HousingDepartment Name:Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this applicationMir.Prefix:Mr.Kirst Name:DavisMiddle Name:SchofieldLast Name:SchofieldSuffix:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority	County:	Hughe	es		
Zip / Postal Code:57501e. Organizational Unit (optional) Department Name:Department of Rental Housing Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this applicationKr.Prefix:Mr.Kirst Name:DavisMiddle Name:SchofieldLast Name:SchofieldSuffix:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority	State:	South	Dakota		
e. Organizational Unit (optional) Department Name: Department of Rental Housing Division Name: Department of Rental Housing 	Country:	United	l States		
Department Name:Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this application	Zip / Postal Code:	57501			
Department Name:Department of Rental HousingDivision Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this application					
Division Name:Department of Rental Housingf. Name and contact information of person to be contacted on matters involving this application	e. Organizational Unit (optional)				
f. Name and contact information of person to be contacted on matters involving this application Prefix: Mr. First Name: Davis Middle Name: Last Name: Schofield Suffix: Title: Continuum of Care Administrator Organizational Affiliation: South Dakota Housing Development Authority	Department Name:	Department of Rental Housing			
be contacted on matters involving this applicationSupplementPrefix:Mr.First Name:DavisMiddle Name:SchofieldLast Name:SchofieldSuffix:Title:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority	Division Name:	Department of Rental Housing			
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Prefix:Mr.First Name:DavisMiddle Name:DavisLast Name:SchofieldSuffix:SchofieldTitle:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority	contacted on matters involving this				
First Name:DavisMiddle Name:SchofieldLast Name:SchofieldSuffix:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority	••				
Middle Name: Last Name: Schofield Suffix: Title: Continuum of Care Administrator Organizational Affiliation: South Dakota Housing Development Authority					
Last Name:SchofieldSuffix:Suffix:Title:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority		Davis			
Suffix: Title: Continuum of Care Administrator Organizational Affiliation: South Dakota Housing Development Authority					
Title:Continuum of Care AdministratorOrganizational Affiliation:South Dakota Housing Development Authority		Schofi	eld		
Organizational Affiliation: South Dakota Housing Development Authority					
		: Continuum of Care Administrator			
Telephone Number: (605) 773-3108	Organizational Affiliation:	South	Dakota Housing Deve	elopment Author	ority
	Telephone Number:	(605)	773-3108		

Renewal Project Application FY2021	Page 3	09/30/2021
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Extension:

Fax Number:	(605) 773-5154
Email:	davis@sdhda.org

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1C. SF-424 Application Details

9. Type of Applicant:	A. State Government	
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-6500-N25	
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:	SD-500 CoC SSO CES FY 2021
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	SD-000
b. Project: (for multiple selections hold CTRL key)	SD-000
17. Proposed Project	
a. Start Date:	12/01/2022
b. End Date:	11/30/2023
18. Estimated Funding (\$)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

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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 No debt?

If "YES," provide an explanation:

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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: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Lorraine
Middle Name:	
Last Name:	Polak
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(605) 773-3181
Fax Number: (Format: 123-456-7890)	(605) 773-5154
Email:	lorraine@sdhda.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2021

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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:	South Dakota Housing Development Authority	
Prefix:	Mrs.	
First Name:	Lorraine	
Middle Name:		
Last Name:	Polak	
Suffix:		
Title:	Executive Director	
Organizational Affiliation:	South Dakota Housing Development Authority	
Telephone Number:	(605) 773-3181	
Extension:		
Email:	lorraine@sdhda.org	
City:	Pierre	
County:	Hughes	
State:	South Dakota	
Country:	United States	
Zip/Postal Code:	57501	
2. Employer ID Number (EIN):	46-0318666	

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

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4a. Total Amount Requested for this project: \$105,144

5. State the name and location (street SD-500 CoC SSO CES FY 2021 3060 East 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 Yes specific project or activity? (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to No 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.

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:	Х
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Name / Title of Authorized Official: Lorraine Polak, Executive Director

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

Date Signed: 09/30/2021

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1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: South Dakota Housing Development Authority

Program/Activity Receiving Federal Grant CoC Program Funding:

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;		

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.	X	
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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: 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:	Mrs.
First Name:	Lorraine
Middle Name	
Last Name:	Polak
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(605) 773-3181
Fax Number: (Format: 123-456-7890)	(605) 773-5154
Email:	lorraine@sdhda.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2021

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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

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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: South Dakota Housing Development Authority

Name / Title of Authorized Official: Lorraine Polak, Executive Director

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

Date Signed: 09/30/2021

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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:	South Dakota Housing Development Authority
Street 1:	3060 East Elizabeth Street
Street 2:	PO Box 1237
City:	Pierre
County:	Hughes
State:	South Dakota
Country:	United States

Zip / Postal Code: 57501

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:	Mrs.
First Name:	Lorraine
Middle Name:	
Last Name:	Polak
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(605) 773-3181
Fax Number: (Format: 123-456-7890)	(605) 773-5154
Email:	lorraine@sdhda.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2021

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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 amended, relating to nondiscrimination Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination Act of 1970 (P.L. 91-616), as
	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 (4

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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.

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

Authorized Representative for: South Dakota Housing Development Authority Prefix: Mrs.

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First Name:	Lorraine
Middle Name:	
Last Name:	Polak
Suffix:	
Title:	Executive Director
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/30/2021

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Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The "Submit without Changes" process is not applicable for:

- first time renewing project applications

- a project application that did not import last FY 2019 information

- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application

- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the "Submit Without Changes" process and e-snaps will automatically be set to "Make Changes". All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click ""Save"" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks ""Save"", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

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Submission Without Changes

1. Are the requested renewal funds reduced No from the previous award due to reallocation?

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	x
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

There were not any substantive changes to the application. We updated the Indirect Cost Rate and made changes to contact information due to staff changes at this organization.

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

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Recipient Performance

1. Did you submit your previous year's Yes **Annual Performance Report (APR) on time?**

2. Do you have any unresolved HUD No Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?

3. Do you draw funds quarterly for your No current renewal project?

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

There was a change this year in personnel at this organization and this resulted in delayed access to eloccs for the new employee supervisor to complete draws. The access issue has been resolved. Management now has access to eloccs and training to complete draws quarterly.

4. Have any funds remained available for No recapture by HUD for the most recently expired grant term related to this renewal project request?

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Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.

a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.

b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application No requesting to consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

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2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: \$0

Organization	Туре	Sub- Award Amount
	This list contains no items	

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3A. Project Detail

1. Expiring Grant Project Identification SD0028 Number (PIN):

(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: SD-500 CoC SSO CES FY 2021

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a No victim service provider defined in 24 CFR 578.3?

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3B. Project Description

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

SD-500 CoC is a statewide CoC and locally known as South Dakota Housing for the Homeless Consortium (SDHHC). The CoC has implemented a Coordinated Entry System (CES) that covers the entire geography of the state, is easily accessible by individuals and families seeking housing and services assistance, is well advertised, and includes a comprehensive and standardized assessment tool. The CES system is managed from access to assessment to prioritization to case conferencing to housing referral within the HMIS system. SDHHC CES is designed to coordinate outreach & marketing, intake, assessment, prioritization, and referral processes across a 77,000 square mile statewide CoC that includes nine federally recognized Tribal Governments. CES implementation has represented an important and significant shift in the practices of SDHHC and partner agencies, and strives to reflect HUD national best practices, and correlates with HUD funding requirements. CES grant funds will be utilized for costs associated with operating the statewide CES including staff time, contractual agreements, partner training, program evaluation, and HMIS expenses. Staff time includes managing a by-name list, organizing and leading regional case conferencing meetings for the 4 CES regions statewide, providing program updates and training, reviewing CES data across the 4 core elements, planning and implementing improvements, evaluating data, and monitoring all functions in the system. Training involves regularly addressing any issues evident with individuals, agencies, and CES committee. A CES required training each year brings together Access Points, Regional Leadership, Case Conference Teams, Referral Agencies, CoC, ESG, and HMIS leadership. There are physical Access Points for CES in the 4 regions and a 1-800 toll free call in system. The 1-800 toll free access and assessment is transitioning to an in house management by South Dakota Housing Development Authority (CES) SSO Grantee and Lead, Collaborative Applicant, and HMIS Lead). For HMIS there have been additional user fees and data storage costs directly derived from CES workflow that are paid for by the CES SSO grant funding.

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	Domestic Violence	
Veterans	Substance Abuse	
Youth (under 25)	Mental Illness	
Families with Children	HIV/AIDS	
	Chronic Homeless	
	Other(Click 'Save' to update)	

3. Housing First

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

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

Active or history of substance use

Having a criminal record with exceptions for state-mandated restrictions

History of victimization

(e.g. domestic violence, sexual assault, childhood abuse)

None of the above

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

Failure to participate in supportive services	x
Failure to make progress on a service plan	x
Loss of income or failure to improve income	x
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	x
None of the above	

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

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover Yes the CoC's entire geographic area?

4b. Will the coordinated entry process be Yes affirmatively marketed and easily accessible by individuals and families seeking assistance?

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

CES is available to all persons and all geographic areas of the state regardless

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of their location or method of accessing the system. Advertising by CES has been completed by use of statewide broadcasted television public service announcement, fliers/posters for the general public posting, distribution of thousands of business card sized info and poster sized flyers, and targeting email and postal mailing of CES materials and pamphlets. SDHHC has requested that partners across the statewide CoC post posters in public areas such as libraries, courthouses, city offices, state offices, hospitals, and public housing authorities.

4d. Does the coordinated entry process use a Yes comprehensive, standardized assessment process?

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

The Referral processes in CES is completed via case conferencing on a regional level via the HMIS system. The statewide CES has been organized into 4 regions and each region contains at least one physical access point, as well as, a statewide accessible call in center. Staff at the access point or currently at Helpline (1-800 service provider) complete HMIS intake and assessments of individuals entering CES. At time of intake, individuals are interviewed and some will be diverted out of CES process due to the ability to provide alternative prevention or diversion options and resolution. Individuals may also be diverted out of CES if they are a veteran or victim of domestic violence and would like to seek assistance from a veteran or domestic violence service provider. Participants are assisted with contacting these services. During the intake process individuals are assessed with one of 3 VI-SPDAT tools (for singles, families or young adults) and other data points are collected that assist with determining eligibility criteria and needs of participants including chronic homeless determining assessment questions. The individuals are then placed on the CES wait list. The wait list can be sorted and organized in various ways such as by region, household type, or chronic homeless status. This makes it is easier to review and take action based on important factors such as location, assessment score, household size, etc. The formalized assessment process targets non-chronic and lower VI-SPADT scores for rapid re-housing, targets youth and DV survivors with transitional housing and chronically homeless, veterans, highest VI-SPDAT scores and chemically dependent clients for permanent supportive housing. Case conferencing brings together; Access Point staff, Regional Leaders, Referral Receiving Agencies, agencies providing services, CoC, ESG, and HMIS staff, and other community stakeholders to effectively make decisions on housing offers based on prioritization model that prioritizes the highest need participants based on their individual assessments. Once housing is identified, in accordance with CES policy and procedures, the CES Administrator or another CES Lead agency staff designate generates a referral email via HMIS to the service provider. The service provider will either accept or reject the referral and indicate the reason for the decision. Until individuals are housed, they will continue to be listed on the wait list and will be part of the case conferencing. SDHHC has adopted written CES policies and procedures as well as HMIS guide to allow for uniform assessment and referral process to occur. SDHHC has adopted as policy that

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Permanent Supportive Housing is targeted to persons who are chronically homeless and have higher VI-SPDAT score. SDHHC adopted as policy HUD Notice CPD-16-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. The Referral processes and results of referrals are regularly reviewed. Issues and concerns involving referral process are regularly addressed with individuals and agencies, in monthly CES committee meeting, and during annual CES training activities in order to ensure that CES participants directed to the appropriate housing and services available to best cure their homelessness experience.

4f. If the coordinated entry process includes No differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:

 (1) adults without children,
(2) adults accompanied by children;
(3) unaccompanied youth;
(4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
(5) persons at risk of homelessness.

4g. This coordinated entry project will refer Yes persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible?

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6A. Funding Request

- **1. Do any of the properties in this project** No have an active restrictive covenant?
- 2. Was the original project awarded as either No a Samaritan Bonus or Permanent Housing Bonus project?
- 3. Does this project propose to allocate funds Yes according to an indirect cost rate?

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below.			
Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
SD Housing Development Authority	97%		05/01/2020

a. Please complete the indirect cost rate schedule below:

The applicant must complete at least one row in the indirect cost rate schedule.

- b. Has this rate been approved by your Yes cognizant agency?
- c. Do you plan to use the 10% de minimis No rate?
- 4. Renewal Grant Term: This field is pre- 1 Year populated with a one-year grant term and cannot be edited:
 - 5. Select the costs for which funding is requested:

Leased Structures

Supportive Services

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HMIS

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6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$26,286
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$26,286

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

Туре	Source	Contributor	Value of Commitments
Cash	Private	South Dakota Hous	\$26,286

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Sources of Match Detail

1. Type of Match Commitment:Cash2. Source:Private3. Name of Source:South Dakota Housing Development Auhtority(Be as specific as possible and include the office or grant program as applicable)South Dakota Housing Development Auhtority4. Amount of Written Committment:\$26,286

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6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$105,144
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$105,144
7. Admin (Up to 10%)	\$0
8. Total Assistance plus Admin Requested	\$105,144
9. Cash Match	\$26,286
10. In-Kind Match	\$0
11. Total Match	\$26,286
12. Total Budget	\$131,430

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7A. Attachment(s)

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

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Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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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 578.33(d) 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.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

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.

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

C. Explanation.

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

Name of Authorized Certifying Official Lorraine Polak

Date: 09/30/2021

Title: Executive Director

Applicant Organization: South Dakota Housing Development Authority

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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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).
- Active SAM Status Requirement. X 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.

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8B Submission Summary

Page	Last U	Last Updated		
44 SE 424 Application Type	00/20	00/20/2024		
1A. SF-424 Application Type	09/30	09/30/2021		
1B. SF-424 Legal Applicant	No Input	No Input Required		
1C. SF-424 Application Details	No Input	No Input Required		
1D. SF-424 Congressional District(s)	09/30	09/30/2021		
1E. SF-424 Compliance	09/30	09/30/2021		
1F. SF-424 Declaration	09/30	09/30/2021		
1G. HUD-2880	09/30	09/30/2021		
1H. HUD-50070	09/30	09/30/2021		
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1I. Cert. Lobbying	09/30/2021
1J. SF-LLL	09/30/2021
IK. SF-424B	09/30/2021
Submission Without Changes	09/30/2021
Recipient Performance	09/30/2021
Renewal Grant Consolidation or Renewal Grant Expansion	09/30/2021
2A. Subrecipients	No Input Required
3A. Project Detail	09/30/2021
3B. Description	09/30/2021
6A. Funding Request	09/30/2021
6D. Match	09/30/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	09/30/2021

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