

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 2023 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 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: 08/18/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: SD0047

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: Family Connections Center

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-1663733

c. Unique Entity Identifier: NC9TVK46T5M9

d. Address

Street 1: 457 Eisenhower Lane

Street 2:

City: Box Elder

County:

State: South Dakota

Country: United States

Zip / Postal Code: 57719

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: Lambert

Middle Name:

Last Name: Miller

Suffix:

Title: Vice President

Organizational Affiliation: Family Connections Center

Telephone Number: (304) 433-5825

Extension:

Fax Number: (605) 519-9246

Email: lambert.miller@familyconnectionscenters.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: Transitional Housing

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? a. Yes

If "YES", enter the date this application was made available to the State for review: 08/17/2023

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Joseph

Middle Name:

Last Name: Barb

Suffix:

Title: Executive Director

Telephone Number: (304) 433-7046
(Format: 123-456-7890)

Fax Number: (605) 519-9246
(Format: 123-456-7890)

Email: joe.barb@familyconnectionscenters.com

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

Date Signed: 08/18/2023

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: Family Connections Center

Prefix: Mr.

First Name: Joseph

Middle Name:

Last Name: Barb

Suffix:

Title: Executive Director

Organizational Affiliation: Family Connections Center

Telephone Number: (304) 433-7046

Extension:

Email: joe.barb@familyconnectionscenters.com

City: Box Elder

County:

State: South Dakota

Country: United States

Zip/Postal Code: 57719

2. Employer ID Number (EIN): 86-1663733

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$122,096.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Family Connections Center 457 Eisenhower Lane Box Elder SD 57719	YHDP Project Application	\$699,500.00	Drop-In Center

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? 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: Joseph Barb, Executive Director

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

Date Signed: 08/18/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Family Connections Center
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

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: Mr.

First Name: Joseph

Middle Name

Last Name: Barb

Suffix:

Title: Executive Director

Telephone Number: (304) 433-7046
(Format: 123-456-7890)

Fax Number: (605) 519-9246
(Format: 123-456-7890)

Email: joe.barb@familyconnectionscenters.com

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

Date Signed: 08/18/2023

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: Family Connections Center

Name / Title of Authorized Official: Joseph Barb, Executive Director

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

Date Signed: 08/18/2023

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: Family Connections Center

Street 1: 457 Eisenhower Lane

Street 2:

City: Box Elder

County:

State: South Dakota

Country: United States

Zip / Postal Code: 57719

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.

Authorized Representative

Prefix: Mr.

First Name: Joseph

Middle Name:

Last Name: Barb

Suffix:

Title: Executive Director

Telephone Number: (304) 433-7046
(Format: 123-456-7890)

Fax Number: (605) 519-9246
(Format: 123-456-7890)

Email: joe.barb@familyconnectionscenters.com

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

Date Signed: 08/18/2023

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: Family Connections Center
Prefix: Mr.
First Name: Joseph

Middle Name:

Last Name: Barb

Suffix:

Title: Executive Director

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

Date Signed: 08/18/2023

Recipient Performance

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

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? Yes

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 SD0047
(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: Transitional Housing

5. Project Status: Standard

6. Component Type: TH

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.

South Dakota has an increasingly unmet need for housing assistance. The Family Connections Center Transitional Housing program will serve the literally homeless population in Rapid City, and surrounding areas. The goal of the YHDP proposed Transitional Housing, is to be a much-needed bridge of support for unaccompanied youth ages 18-24 years old, who are literally homeless, or fleeing domestic violence in the Rapid City area. By utilizing collaborative planning and execution by Service Provider partnerships, as well as Navigation Services by Peers with lived experience, area youth will find that occurrence of homelessness are supported, rare, brief, and nonrecurring.

Family Connections Center has created a youth Drop-In Center, under a different application through YHDP, called 'The Circle'. The Circle will act as an important access to Coordinated Entry, as well as Community Collaborative Coordination and Partnership to provide supports and resources to youth and young adults.

Some supports at the Drop-In Center, based on youth and young adult goals, include:

Workforce Development, Continued Education, Transitional Housing on site and through referral, Runaway and Homeless Emergency Shelter Referral, Domestic Violence, Sexual Assault, Stalking, and Human Trafficking Advocacy, Education, and Case Management, Counseling, Medical Education and Referral, Food Pantry, Showers, Laundry, and Personal Care Items, Career Closet, Personal Attire, Street Outreach through YHDP partners, Computer Lab, Internet, and Technology, Transportation Referral, Independent Living Skills Workshops, Social and Emotional Events and more, based on youth goals.

A natural extension of the Drop-In Center was to create Transitional Housing. Family Connections Center has multiple scattered living sites, the first unit is a 4 bedroom, 2 bath single family home, the second and third are two-bedroom 2 bath duplex units that are Transitional Housing SRO model to serve youth living unsheltered.

Rapid City has limited Transitional Housing options for youth. Using a Housing First approach at the Drop-In Center, we will assist youth 18-24 experiencing homelessness by connecting them to housing of their choice. Youth may choose any available Transitional Housing options, including Family Connections Center's Transitional Housing SRO model units, with the ability to receive support and resources, no matter what housing option they choose.

Low barrier, safe Transitional Housing, with Peer Navigation, through YHDP funding will enable us to serve approximately 8-32 youth over the two-year period. Transitional Housing participants selection process will be through the utilization of the CES and will be provided up to 24 months of housing assistance. Transitional Housing Project staff will be available seven days per week and will employ positive youth development, trauma informed, and harm reduction practices to serve participants, assist youth in identifying goals and life skills needed to assist youth with moving an expedited path to permanent housing.

The Circle Transitional Housing:

Up to 24 months of housing for youth ages 18-24 who are experiencing homelessness.

Offers safe and stable shared group home environment.

Offers support designed to help youth make improvements towards independence.

Focuses on education, employment, and other life skills.

Goal is to graduate into permanent housing with ability to live independently.

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

Positive Youth Development will be integrated into all programming. Youth will have the chance to engage in positive relationships and interactions that can help them develop into healthy and productive adults. PYD strategies include providing youth with access to experiences that help them learn healthy and valued behaviors, expectations, and principles.

Adequately trained staff members who understand and respect youth are essential to providing a safe space for a positive experience. It will include youth and adults who are trained in team building exercises with appropriate youth-to-adult ratios, with a system that ensures you are welcomed, and has a balance for different learning styles in programmatic activities.

Programs will create opportunities where youth share their interests and work collaboratively with their peers. Staff will be trained in handling conflict, recognizing symptoms of withdrawal and understanding how to engage youth. Programs will provide opportunities for youth to be engaged in small group activities based on interest, need, and unique challenges. Structured team building will also be provided to ensure that all youth have a chance to get acquainted and to feel involved, with opportunities for sharing.

Programs will engage youth and staff in creating a respectful environment that involves a respect for diversity and culture in activities. Youth will be engaged in exploring career and workforce opportunities, goal setting, and opportunities for youth to make a difference in service learning and peer support.

Opportunities will be incorporated for youth to master and apply skills and engage in determining choices toward progression of new levels of learning. Engagement with parents and/or guardians, staff, and youth participants through activities, newsletters, websites, and program policies. Being aware of when youth are in school or out of school and plan accordingly to support youth in extended programming opportunities.

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

Family Connections Center will utilize a trauma-informed approach at the Drop-In Center, The Circle, as well as Transitional Housing SRO Units, realizing the prevalence of trauma, recognizing how it affects all individuals involved with the program, organization or system, including its own workforce, resisting re-traumatization, and responds by putting this knowledge into practice.

The Drop-In Center, The Circle, and Transitional Housing SRO Units, will utilize Core Principles of a Trauma-Informed System of Care that include Safety, ensuring physical and emotional safety. Trustworthiness, maintaining appropriate boundaries and making tasks clear. Choice, prioritizing choice and control. Collaboration, maximizing collaboration. Empowerment, prioritizing empowerment and skill-building.

The Drop-In Center, The Circle, and Transitional Housing SRO Units, will utilize the 7 Domains of Trauma-Informed Care:

1. Early screening and comprehensive assessment.
2. Youth driven care and services.
3. Trauma-informed, responsive and educated workforce.
4. Emerging and evidence-informed best practices.
5. Safe and secure environments.
6. Trauma-informed community partnerships.
7. Develop a performance monitoring system to demonstrate what are the outcomes that you are seeking.

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

We've utilized the mission, created from the CCP, with YAB guidance, empowering youth to advocate, educate, learn, use and gain resources to create positive change in the on-going homeless youth problem' to create an action plan based on a youth led vision. Following the YAB identified need for a youth specific center in Rapid City, we've incorporated programs, supports, and services that hopefully exceeded all of the goals and objectives of the coordinated community plan, led by youth voices to answer the identified statement of need.

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 type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>

Other (Click 'Save' to update)	<input type="checkbox"/>
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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: Family Connections doesn't directly house minors, although we refer to Arise, which is the only state approved facility in the area that can house minors.

3. Housing First

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

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? Yes

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.

Utilizing the South Dakota Coordinated Community Plan data that was completed in 2021, Unaccompanied Youth and Young Adults Experiencing Homelessness Needs Description:

The SD-CoC Longitudinal Systems Analysis (LSA) data report includes data from Federal Fiscal Year (FY) 2021, 10/01/2020 to 09/30/2021, and the following information is from this time period. There were 294 Unaccompanied Youth 18-24 years of age that accessed the South Dakota Homelessness System as recorded in the Homeless Management Information System (HMIS) and 59% percent were male and 39% female, 1% transgender and 1% no single gender. American Indians represented 45% and Whites (non-Hispanic) 29%, Blacks 11%, White Hispanic Latinos 5%, Multiple Races 5%. 5% reported that they were currently fleeing DV and 16% were DV survivors. 87% reported that this was their first time homeless. 5% reported being continuously homeless and 6% were re-engaging from a temporary destination. Of all the Unaccompanied Youth served in South Dakota, only 19 of 294 were youth served in Rapid Rehousing and 2 youth were served in Permanent Supportive Housing. Most of the youth served were in Emergency Shelter or Transitional Housing, 282. Youth generally exited homelessness to temporary destinations 42% with only 17% of youth exiting to permanent housing. The unknown exit destinations were very high at 41%. Youth Households Prior Living Situations showed that 23% were on the streets, 26% were sheltered homeless, 5% were living in temporary settings, 13% were in institutions, and 30% had been in permanent housing. Youth receiving shelter or transitional housing included 92% being served were in a city and only 8% reported being served in a rural area. There were 45 Child Only Households (COHs) served by the homelessness system in South Dakota in FY 2021 and 44 of these households were served in Emergency Shelter or Transitional Housing and 1 household was served in Rapid Rehousing. Child Only households were 57% female and 41% male with 1% identifying as no single gender. COHs were 48% Native American, 5% Black, 16% multiple races, 2% Native Hawaiian or Pacific Islander, 32% white non-Hispanic, 5% white Hispanic and 7% were unknown race.

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

When you consider the totality of past injustices, it is unfortunately not surprising that people of color are far more likely to experience housing instability and homelessness. In fact, people of color are dramatically overrepresented among those experiencing homelessness. In our area, Native Americans make up a disproportionate share of the homeless population.

In working with the Youth Action Board, many of with lived experience, cultural competency and understanding of the unique needs of persons or communities of color continued to be a leading conversation in overcoming inequity in houselessness.

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

While creating the Coordinated Community Plan, and implementation of projects, service providers, local government, YAB, and community leaders began meeting to help to overcome and remove barriers in housing to people experiencing homelessness. Working together, as a collaborative community, with YAB, many with lived experiences, we've begun expanding conversations, education, and training to remove barriers for persons or communities of color.

The YHDP processes, led by the YAB have created conversations where we invited the YAB to review our Policies and Procedures, as well as best practices, making adjustments to any perceived or actual barrier that the YAB identified to eliminate racially biased tools, processes, and decision-making in all points along our organizational homeless response.

Continue to invest in relationships with organizations that are trusted within communities of color for education, best practices, and experience in delivering homeless services to persons or communities of color.

Meet with created YAB Cultural Committee and with colleagues at organizations that are trusted by persons or communities of color to collaborate on advancing racial equity and maintaining an anti-racist organization.

Work with the Youth Action Board to implement climate surveys and interviews regularly to assess overall program and organizational climate.

Continue to instill cultural norms that our organizational staff need to listen, respect and act in ways that continues foster racial equity.

Work with the Youth Action Board Cultural Committee to create a racial equity plan for the program and organization with accountability metrics.

Participate in community and provider training opportunities in anti-racism, implicit bias and microaggressions that are offered. Seek training opportunities that have not been offered in the community on an ongoing basis.

Consider and participate in new forms of community activities and engagement that seek to make meaningful connections with people of color and their communities.

Continue to institutionalize these activities above so that they are not "one-off" experiences, rather are embedded within the program and organizational norms.

Create accountability by centering persons or communities of color in the process of advancing change through the Youth Action Board monitoring, as well as meet regularly with the YAB Cultural and YHDP Projects Committees to address and remove any barriers.

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

Data Measurements to Identify and Quantify Racial Equity:

HMIS Data Elements:

HMIS data entered in compliance with CoC Program requirements capture a significant amount of relevant data on racial and ethnic disparities, which includes both race and ethnicity of participants.

As an organization we are able to track and evaluate data elements, each broken down separately by race and ethnicity, to analyze data already being recorded.

Measure change in average and median length of time persons of color are homeless in shelter, transitional housing, and some other situations.

Measure returns to shelter, transitional housing, contact with street outreach, and some other situations among those with successful exit to permanent housing recorded in HMIS for persons of color.

Measure change in PIT counts of sheltered and unsheltered persons experiencing homelessness and change in annual count of sheltered homelessness in HMIS for persons of color.

Measure changes in multiple types of income for those in shelter, transitional housing, rapid rehousing, or permanent supportive housing programs in HMIS for persons of color.

Measure change in the number of people in shelter, transitional housing, and some other situations with no prior enrollment in HMIS for persons of color.

Measure change in placements referred from street outreach to transitional, or permanent housing for persons of color.

Measures change in exits to or retention of permanent housing for persons of color.

Coordinated Entry System (CES) evaluation:

Length of time to contact persons of color for program referrals.

Number of attempts to contact persons of color for program referrals.

Number of successfully enrolled persons of color in programs to which they were matched and referred.

Rate of retention for people of color by program.

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?

Strength in response with intervention strategies to engage youth and families comes from community service provider partnerships, through the Drop-In Center, The Circle, and the Transitional Housing SRO. After timely assessing needs of youth who are or at-risk of homelessness, highly trained navigation staff will immediately refer youth to the service provider partnership that best meets the immediate needs of youth. Case Manager, and Peer Navigators will continue conversations with youth and service provider partners, to ensure referrals are responded to in a prompt manner, and execution of services meets the needs of youth who are or at-risk of homelessness. Social and emotional programs and services will also encourage and incorporate family engagement through activities.

Rapid City Area Schools McKinney Vento Coordinators identified 812 youth at risk or experiencing homelessness during the 2022-23 school year. We have formed a collaborative partnership with McKinney Vento Coordinators to ensure that any youth identified in the school district is aware of supports outside of the school. McKinney Vento Coordinators provide brochures highlighting service and supports at the Drop-In Center to any youth who may benefit from programming, or need referral for Coordinated Entry, or Transitional Housing.

Working with Department of Social Services, we partner to also ensure any youth who may benefit from referral is given a warm hand off or collaborating supports. We have built a good relationship where youth that are aging out, or in care with DSS are given additional support, as well as awareness for any future needs.

Intervention does take community collaboration. Several service providers who serve the homeless population gather to update on supports, programs, and interventions once a month in person, as well as communicate by phone and email often for referrals.

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

Family counseling	<input checked="" 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 checked="" type="checkbox"/>
Utility or Security Deposits	<input type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>
Rental Application fees	<input type="checkbox"/>
Utility or Rental Arrears	<input checked="" 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?

I feel we have one of the most engaged YAB's, partly due to the many service provider related mentors, who help develop youth voice and leadership skills from a standpoint of overcoming adultism, and a not about me, without me motto. Our YAB meetings as of late, typically have 12-16 youth in attendance. Recently they have begun breaking into work committees, with each committee focused on different impacts, and they continue to share with YHDP projects what they have learned and change they would like to see in our community, and with supports.

YAB is currently reviewing the Coordinated Community Plan, and beginning to develop ideas and reviews for monitoring, and meeting with YHDP projects to discuss opportunities to learn together.

Our YAB also attends numerous service provider community meetings and works on many initiatives that aren't just about houselessness, other items that impact or effect houselessness.

There's really nothing that impacts services or youth that we don't incorporate the YAB in, from hiring, to policies and procedures, best practices, programming, processes, etc.

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 have an agreement with a local medical provider to offer STD/STI testing, on-site, at the Drop-In Center, The Circle, which shares the property with Transitional Housing SRO units, including HIV, and have already developed relationships for referral with service providers for Ryan White Program, and HOPWA (HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS), as well as an identified community service provider partnership for anyone seeking mental health needs due to HIV/AIDS.

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	As needed
Case Management	Applicant	Daily
Child Care	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Daily
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	Daily
Substance Abuse Treatment Services	Partner	As needed
Transportation	Partner	As needed
Utility Deposits	Partner	As needed

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

Utilizing the Youth Voice, Youth Choice Model, and open communications with on-site Peer Navigators and Case Worker, referrals to service providers and interventions are strictly at the discretion and decisions of the youth. Proposed supports and interventions may be refused at any time, with no consequences to the youth. Peer Navigators and Case Worker on-site would then determine the next best solution to meet the needs of the youth. Since multiple interventions are available through different service provider relationships, multiple solutions may be available to meet the youth needs, lending freedom to express Youth Voice, Youth Choice Model.

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

On-site Peer Navigators and Case Worker assessment and follow up will be critical in determining the different needs for service type, intensity, and length of supports for youth. Having open dialogue with youth in service, as well as scheduled follow up with assessment, and referrals will help the Drop-In Center, The Circle, staff, as well as Transitional Housing SRO Case Management make adjustments to supports for youth. Having direct contact with referral Service Providers discussing needs/assessments and ongoing updates to Service Providers from Peer Navigators and Case Worker on-site concerning the youth based on updates, will also allow Service Providers to adjust service type, intensity, and length of support. On-site Peer Navigators and Social Worker will be the much-needed bridge of communication between Service Providers.

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? Yes

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? Yes

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.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

ADHHC and the PAC designated the South Dakota Housing Development Authority (SDHDA) staff to serve as the HMIS Lead Agency to manage HMIS, The PAC works with SDHDA and HMIS Committee. As a stakeholder, we are invited to HMIS Committee meetings, as well as the ability to communicate openly with the PAC, and SDHDA employees to update HMIS Governance Charters and HMIS Policies and Procedures. We are provided with contact information for SDHMIS lead contact, to reach via phone, and email in the event there is a need for clarification for 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?


SDHDA agrees it will make use of all safeguards required by HUD Privacy Standards and HIPAA Privacy Rule, where appropriate, in order to prevent unauthorized disclosure of protected client information. As users, agencies agree that only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records and follow SDHMIS Standard Operating Procedures. The agency shall uphold federal and state confidentiality regulations and laws that protect client records.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

If a breach occurs, access to SDHMIS may be terminated and the agency or user may be subject to further disciplinary action as defined in the Participating Agency's personnel policy. If notice or suspect of security breach occurs, user must immediately notify the Director of the Agency, and the SDHMIS Project Coordinator.

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: 8

Total Beds: 8

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	2	2
Single Room Occupancy (SRO)...	---	2	2
Single Room Occupancy (SRO)...	---	4	4

4B. Housing Type and Location Detail

1. **Housing Type:** Single Room Occupancy (SRO) units

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

a. **Units:** 2

b. **Beds:** 2

3. **Beds for Youth:** 2

4. **Address:**

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

Street 1: 106 Monroe Street

Street 2:

City: Rapid City

State: South Dakota

ZIP Code: 57701

5. **Select the geographic area(s) associated with the address:**
(for multiple selections hold CTRL Key)

469047 Fall River County, 469093 Meade County, 469019 Butte County, 469055 Haakon County, 469063 Harding County, 469103 Pennington County, 469105 Perkins County, 469033 Custer County, 461392 Rapid City, 469081 Lawrence County, 469137 Ziebach County, 469071 Jackson County, 469007 Bennett County, 469031 Corson County, 469102 Oglala Lakota County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 2

b. Beds: 2

3. Beds for Youth: 2

4. Address:

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

Street 1: 106 Monroe Street

Street 2:

City: Rapid City

State: South Dakota

ZIP Code: 57701

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

469047 Fall River County, 469093 Meade County, 469019 Butte County, 469055 Haakon County, 469063 Harding County, 469103 Pennington County, 469105 Perkins County, 469033 Custer County, 461392 Rapid City, 469081 Lawrence County, 469137 Ziebach County, 469071 Jackson County, 469007 Bennett County, 469031 Corson County, 469102 Oglala Lakota County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 4

b. Beds: 4

3. Beds for Youth: 4

4. Address:

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

Street 1: 722 Pine Street

Street 2:

City: Rapid City

State: South Dakota

ZIP Code: 57701

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

469047 Fall River County, 469093 Meade County, 469019 Butte County, 469055 Haakon County, 469063 Harding County, 469103 Pennington County, 469105 Perkins County, 469033 Custer County, 461392 Rapid City, 469081 Lawrence County, 469137 Ziebach County, 469071 Jackson County, 469007 Bennett County, 469031 Corson County, 469102 Oglala Lakota County

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	4	12	0	16

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	1	1		2
Persons ages 18-24	8	18		26
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	13	19	0	32

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	0	0	0	0	0	0	1	0	0	0
Persons ages 18-24	0	0	0	4	1	1	1	0	1	0
Children under age 18	0			1	0	0	1	1	1	0
Total Persons	0	0	0	5	1	1	3	1	2	0

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	0	0	0	1	0	0	0	0	0	0
Persons ages 18-24	0	0	0	6	1	3	3	1	4	0
Total Persons	0	0	0	7	1	3	3	1	4	0

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										
Total Persons	0			0	0	0	0	0	0	0

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

6C. Leased Structures Budget

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

Total Annual Assistance Requested:		\$17,484	
Grant Term:		1 Year	
Total Request for Grant Term:		\$17,484	
Total Structures:		3	
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Duplex Upstairs Unit	\$500	\$6,000	\$6,000
Duplex Downstairs...	\$500	\$6,000	\$6,000
Pine Street	\$457	\$5,484	\$5,484

Leased Structures Budget Detail

Structure Name: Duplex Upstairs Unit
Street Address 1: 106 Monroe Street
Street Address 2:
City: Rapid City
State: South Dakota
Zip Code: 57701

HUD Paid Rent (per Month):	\$500
12 Months:	12
Total Annual Assistance Requested:	\$6,000
Grant Term:	1 Year
Total Request for Grant Term:	\$6,000

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

Leased Structures Budget Detail

Structure Name: Duplex Downstairs Unit
Street Address 1: 106 Monroe Street
Street Address 2:
City: Rapid City
State: South Dakota
Zip Code: 57701

HUD Paid Rent (per Month):	\$500
12 Months:	12
Total Annual Assistance Requested:	\$6,000
Grant Term:	1 Year
Total Request for Grant Term:	\$6,000

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

Leased Structures Budget Detail

Structure Name: Pine Street
Street Address 1: 722 Pine Street
Street Address 2:
City: Rapid City
State: South Dakota
Zip Code: 57701

HUD Paid Rent (per Month):	\$457
12 Months:	12
Total Annual Assistance Requested:	\$5,484
Grant Term:	1 Year
Total Request for Grant Term:	\$5,484

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

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	2 each FTE Case Management salary, with benefits, \$40,000 each. Will assess, provide, connect, and oversee all youth needs, all support services are documented through Drop-In Center.	\$80,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$80,000
Grant Term		1 Year
Total Request for Grant Term		\$80,000

Click the 'Save' button to automatically calculate totals.

6F. Operating

Instructions:

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

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

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

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Maintenance and Repairs of units as needed, flooring, appliances, fixtures	\$6,540
2. Property Taxes and Insurance	Property Tax, Rental and General Liability Insurance	\$7,006
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Electric, gas, water, trash	\$7,200
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$20,746
Grant Term		1 Year
Total Request for Grant Term		\$20,746

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:	\$0
Total Amount of In-Kind Commitments:	\$26,153
Total Amount of All Commitments:	\$26,153

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Contributor	Value of Commitments
In-Kind	Private	Family Connection...	\$26,153

Sources of Match Detail

1. **Type of Match Commitment:** In-Kind

2. **Source:** Private

3. **Name of Source:** Family Connections Center Inc

(Be as specific as possible and include the office or grant program as applicable)

4. **Amount of Written Commitment:** \$26,153

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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)	\$17,484
2. Rental Assistance (Screen 6D)	\$0
3. Supportive Services (Screen 6E)	\$80,000
4. Operating (Screen 6F)	\$20,746
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$118,230
8. Admin (Up to 10% of Sub-total in #8)	\$3,866
9. HUD funded Sub-total + Admin. Requested	\$122,096
10. Cash Match (From Screen 6H)	\$0
11. In-Kind Match (From Screen 6H)	\$26,153
12. Total Match (From Screen 6H)	\$26,153
13. Total Project Budget for this grant, including Match	\$148,249

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:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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: Joseph Barb

Date: 08/18/2023

Title: Executive Director

Applicant Organization: Family Connections Center

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
1A. SF-424 Application Type	08/16/2023
1B. SF-424 Legal Applicant	08/16/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/18/2023
1E. SF-424 Compliance	08/18/2023
1F. SF-424 Declaration	08/16/2023
1G. HUD 2880	08/16/2023
1H. HUD 50070	08/16/2023
1I. Cert. Lobbying	08/16/2023
1J. SF-LLL	08/16/2023
IK. SF-424B	08/16/2023
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation	08/16/2023
2A. Subrecipients	No Input Required
3A. Project Detail	08/16/2023
3B. Description	08/18/2023
Youth Homeless Demonstration Projects	08/18/2023
Special YHDP Activities	08/18/2023
4A. Services	08/18/2023
4A. HMIS Standards	No Input Required
4B. Housing Type	08/18/2023
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	08/18/2023
6C. Leased Structures	08/18/2023
6E. Supp Srvcs Budget	08/18/2023
6F. Operating	08/18/2023

VAWA Budget	No Input Required
6H. Match	08/18/2023
6I. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/18/2023