

## Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 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 2023 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

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

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

If "Other", specify:

3. Date Received: 08/29/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: SD0023

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:** Inter-Lakes Community Action Partnership
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 46-0282131
- c. Unique Entity Identifier:** N8MMMS2SGTL7

### d. Address

**Street 1:** 111 North Van Eps Avenue  
**Street 2:**  
**City:** Madison  
**County:** Lake  
**State:** South Dakota  
**Country:** United States  
**Zip / Postal Code:** 57042

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Mr.  
**First Name:** Jeff  
**Middle Name:**  
**Last Name:** Entringer  
**Suffix:**  
**Title:** Chief Strategy Officer  
**Organizational Affiliation:** Inter-Lakes Community Action Partnership  
**Telephone Number:** (605) 256-6518  
**Extension:**

**Fax Number:** (605) 256-2238

**Email:** [jentringer@interlakescap.com](mailto:jentringer@interlakescap.com)

## 1C. SF-424 Application Details

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

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

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

**12. Funding Opportunity Number:** FR-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: Heartland House Rapid Rehousing Program

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 09/01/2024

b. End Date: 08/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Eric

**Middle Name:**

**Last Name:** Kunzweiler

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (605) 256-6518  
(Format: 123-456-7890)

**Fax Number:** (605) 256-2238  
(Format: 123-456-7890)

**Email:** ekunzweiler@interlakescap.com

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

**Date Signed:** 08/29/2023



# 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:** Inter-Lakes Community Action Partnership  
**Prefix:** Mr.  
**First Name:** Eric  
**Middle Name:**  
**Last Name:** Kunzweiler  
**Suffix:**  
**Title:** Chief Executive Officer  
**Organizational Affiliation:** Inter-Lakes Community Action Partnership  
**Telephone Number:** (605) 256-6518  
**Extension:**  
**Email:** ekunzweiler@interlakescap.com  
**City:** Madison  
**County:** Lake  
**State:** South Dakota  
**Country:** United States  
**Zip/Postal Code:** 57042

**2. Employer ID Number (EIN):** 46-0282131

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

**4. Amount of HUD Assistance Requested/Received: \$652,160.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?**

**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
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**Name / Title of Authorized Official:** Eric Kunzweiler, Chief Executive Officer

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

**Date Signed:** 08/29/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Inter-Lakes Community Action Partnership  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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>	

### Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Eric

**Middle Name**

**Last Name:** Kunzweiler

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (605) 256-6518  
**(Format: 123-456-7890)**

**Fax Number:** (605) 256-2238  
**(Format: 123-456-7890)**

**Email:** ekunzweiler@interlakescap.com

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

**Date Signed:** 08/29/2023

## **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:** Inter-Lakes Community Action Partnership

**Name / Title of Authorized Official:** Eric Kunzweiler, Chief Executive Officer

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

**Date Signed:** 08/29/2023

# 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:** Inter-Lakes Community Action Partnership

**Street 1:** 111 North Van Eps Avenue

**Street 2:**

**City:** Madison

**County:** Lake

**State:** South Dakota

**Country:** United States

**Zip / Postal Code:** 57042

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Mr.

**First Name:** Eric

**Middle Name:**

**Last Name:** Kunzweiler

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (605) 256-6518  
**(Format: 123-456-7890)**

**Fax Number:** (605) 256-2238  
**(Format: 123-456-7890)**

**Email:** ekunzweiler@interlakescap.com

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

**Date Signed:** 08/29/2023

## 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:** Inter-Lakes Community Action Partnership  
**Prefix:** Mr.  
**First Name:** Eric

**Middle Name:**

**Last Name:** Kunzweiler

**Suffix:**

**Title:** Chief Executive Officer

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

**Date Signed:** 08/29/2023

## 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.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - 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 2021 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 and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

## Submission Without Changes

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

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

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

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification



**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):**

N/A

**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.**

## 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? Yes
- 2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s): 08/08/2023
- 2b. Explain why the finding(s) remains unresolved.
- The grant received 2 findings and one concern in which we have already resolved internally. The response to rectify these findings are within the 30-day compliance period and ICAP just received the monitoring letter on 8/8/2023. ICAP will have a response sent to HUD showing items have been rectified by 8/18/2023
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



## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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

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

b. 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 either the Expansion or 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 renewal project application requesting to consolidate or expand? 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: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

## 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** SD0023  
(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:** Heartland House Rapid Rehousing Program
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** RRH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Yes

### 3B. Project Description

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

The target population for ICAP's Heartland House RRH Program is homeless families with children who are coming directly from the streets or emergency shelters, residing in a place not meant for human habitation, fleeing domestic violence situations, residing in TH funded by a joint TH and PH-RRH component project, or other persons who qualify under Paragraph 4 of the definition of homelessness. Most of the adults served will be single female heads-of-households, based on agency experience, but there will be no such requirement. We also anticipate most families will include 2-3 children, most of whom are under the age of ten. After entering the program, the family will complete an intake process, including determining any short-term and intermediate term needs and issues. The Housing Stabilization Coach (HSC) and the family members will then complete a housing stabilization plan, which will provide details as to the existing needs/issues, and a proposed plan as to how to address those needs. The plan includes information on ICAP and other existing programs and services that are available to the family, and a timeline for accessing and utilizing those resources. Through ongoing family case management, the family will make progress toward fulfilling the terms of the housing stabilization plan. In some cases, the HSC will build partnerships with other service providers, as appropriate, to gain access to specialized services that are needed by the participants. For example, staff will refer participants escaping domestic violence to subject-specific counseling or other services aimed at helping the participants to recover from that situation. If other specialized services such as drug/alcohol treatment are needed, the participant will be assisted in enrolling into those services. Outcome 1: Participants will enter into permanent housing within 30 days of completion of application. #2: Participants will remain in permanent housing for at least 12 months. #3: Participants will increase their total household income. ICAP staff have created many networks of collaborating partners among the area's service providers. All the partners have realized that no one individual agency can meet all the needs that exist among their participants. However, working together, they can all magnify the impact of their resources, while at the same time avoiding duplication of effort to the greatest extent possible. Disparities among those that are experiencing homelessness is prevalent even in a community like Sioux Falls. ICAP acknowledges that race, social inequality, and health care are all disparities that affect the population that it serves. ICAP is assessing data on equity in service provision and outcomes, working with local partners and systems, training staff on understanding equity and being able to apply that training to everyday work. ICAP also works with people with lived experiences to identify disparities and if they are being sustained by processes or barriers within the agency. ICAP is also willing to change policies based on people experiencing different results based on already set policies. ICAP works with federal, state, and local partners and stakeholders to address disparities and discuss solutions to eliminate them. In addition, ICAP educates Participants by providing them with information and referrals to resources with the goal of reducing disparities.

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

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

**3. Housing First**

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

**3b. Does the project 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

## 4A. Supportive Services for Program 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	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

Identify whether the project includes the following activities:

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

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

## 4B. Housing Type and Location

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

**Total Units:** 37

**Total Beds:** 161

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	37	161



## 4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

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

a. **Units:** 37

b. **Beds:** 161

### 3. Address

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

**Street 1:** 409 N Western Avenue

**Street 2:**

**City:** Sioux Falls

**State:** South Dakota

**ZIP Code:** 57104

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

461518 Sioux Falls

## 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	37	0	0	37

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	40	0		40
Persons ages 18-24	6	0		6
Accompanied Children under age 18	84		0	84
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>130</b>	<b>0</b>	<b>0</b>	<b>130</b>

**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	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	1	14	0	38	2	11	2	1
Persons ages 18-24	0	0	0	0	0	5	0	0	1	1
Children under age 18	0			0	0	12	1	6	19	47
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>55</b>	<b>3</b>	<b>17</b>	<b>22</b>	<b>49</b>

Click Save to automatically calculate totals

### Persons in Households without Children

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

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	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										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Describe the unlisted subpopulations referred to above:**

Persons may have non-severe mental illness. Persons in the second chart are not disabled.

## 6A. Funding Request

### 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

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



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

5. Select the costs for which funding is requested:

Rental Assistance	X
Supportive Services	X
HMIS	X
VAWA	X

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. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:	\$456,972
Total Units:	37

The number of beds for which funding has been requested in the Rental Assistance budget is 90.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	SD - Sioux Falls, SD MSA (4608399999)	37	\$456,972

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA



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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months	Total Request (Applicant)
SRO		x	\$501	\$501	x	12 =	\$0
0 Bedroom		x	\$668	\$668	x	12 =	\$0
1 Bedroom	2	x	\$733	\$733	x	12 =	\$17,592
2 Bedrooms	17	x	\$897	\$897	x	12 =	\$182,988
3 Bedrooms	18	x	\$1,187	\$1,187	x	12 =	\$256,392
4 Bedrooms		x	\$1,535	\$1,535	x	12 =	\$0
5 Bedrooms		x	\$1,765	\$1,765	x	12 =	\$0
6 Bedrooms		x	\$1,996	\$1,996	x	12 =	\$0
7 Bedrooms		x	\$2,226	\$2,226	x	12 =	\$0
8 Bedrooms		x	\$2,456	\$2,456	x	12 =	\$0
9 Bedrooms		x	\$2,686	\$2,686	x	12 =	\$0
<b>Total Units and Annual Assistance Requested</b>							\$456,972
		37					
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$456,972

Click the 'Save' button to automatically calculate totals.

## 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:	\$163,040
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$163,040

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Sioux Empire Unit...	\$121,000
Cash	Government	City of Sioux Falls	\$40,000
Cash	Government	Minnehaha County	\$2,040



## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Sioux Empire United Way  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$121,000

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: City of Sioux Falls  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$40,000

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Minnehaha County  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$2,040

## 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 (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 (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$456,972
3. Supportive Services (Enter)	\$158,579
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$2,030
6. VAWA (Enter)	
7. Sub-total of CoC Program Costs Requested	\$617,581
8. Admin (Up to 10% of Sub-total in #7)	\$34,579
9. HUD funded Sub-total + Admin. Requested	\$652,160
10. Cash Match (From Screen 6D)	\$163,040
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$163,040
13. Total Project Budget for this grant, including Match	\$815,200

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	08/14/2017
2) Other Attachment	No	Match	08/10/2023
3) Other Attachment	No		

## Attachment Details

**Document Description:** Nonprofit Documentation

## Attachment Details

**Document Description:** Match

## 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:** Eric Kunzweiler

**Date:** 08/29/2023

**Title:** Chief Executive Officer

**Applicant Organization:** Inter-Lakes Community Action Partnership

**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	08/10/2023
1B. SF-424 Legal Applicant	08/10/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/11/2023
Renewal Project Application FY2023	Page 47 08/29/2023

<b>1E. SF-424 Compliance</b>	08/10/2023
<b>1F. SF-424 Declaration</b>	08/10/2023
<b>1G. HUD 2880</b>	Please Complete
<b>1H. HUD-50070</b>	08/10/2023
<b>1I. Cert. Lobbying</b>	08/10/2023
<b>1J. SF-LLL</b>	08/10/2023
<b>IK. SF-424B</b>	08/10/2023
<b>Submission Without Changes</b>	08/10/2023
<b>Recipient Performance</b>	08/11/2023
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	08/10/2023
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	08/10/2023
<b>3B. Description</b>	08/10/2023
<b>4A. Services</b>	08/29/2023
<b>4B. Housing Type</b>	08/10/2023
<b>5A. Households</b>	08/10/2023
<b>5B. Subpopulations</b>	08/10/2023
<b>6A. Funding Request</b>	08/10/2023
<b>6C. Rental Assistance</b>	08/10/2023
<b>6D. Match</b>	08/10/2023
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/10/2023
<b>7B. Certification</b>	08/10/2023



Internal Revenue Service  
P. O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: **APR 25 2008**

INTER-LAKES COMMUNITY ACTION  
PARTNERSHIP INC  
PO BOX 268  
MADISON SD 57042-0268

**Person to Contact:**

Mrs. Jones 31-03886

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:**

46-0282131

**Group Exemption Number:**

9365

Dear Sir or Madam:

This is in response to your letter of January 22, 2008, regarding your tax-exempt status. We received your Certificate of Amendment filed with the State of South Dakota November 20, 2006. We changed your name from Interlakes Community Action, Inc. to the name shown above.

Our records indicate that a determination letter was issued in March 1967 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations



U.S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224

MAR 9 - 1967

IN REPLY REFER TO  
Form M-4280  
T:EP:EO:R:3  
AWP

Interlakes Community Action, Inc.  
P.O. Box 285  
Madison, South Dakota 57042

PURPOSE	
Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT OF INTERNAL REVENUE	
Aberdeen, South Dakota	
FORM 990-A REQUIRED	ACCOUNTING PERIOD ENDING
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	November 30

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name and address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to you or for your use are deductible for Federal estate and gift tax purposes under the provisions of sections 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to your District Director, as should any questions concerning excise, employment or other Federal taxes.

Your District Director is being advised of this action.

Every exempt organization is required to have an Employer Identification Number, regardless of whether it has any employees. This number should be entered in the designated space on all Federal returns filed and referred to on all correspondence with the Internal Revenue Service. If you do not have such a number, your District Director will take steps to see that one is issued to you at an early date.

This ruling is not applicable to your proposed nursing-home project for elderly residents. In the event that you decide to establish and operate a nursing home, it will be necessary that you advise your District Director of all the facts in order that a determination may be made as to the effect of such action on your exempt status.

Very truly yours,

*John R. Barber*

Chief, Rulings Section,  
Exempt Organizations Branch

June 30, 2022



Sioux Empire United Way

Eric Kunzweiler  
Annette Mitchell  
Inter-Lakes Community Action Partnership  
111 N VanEps Ave.  
PO Box 268  
Madison, SD 57042-0268

Dear Eric & Annette:

Sioux Empire United Way is grateful for the important services your organization provides to people in our area. Volunteers carefully review funding requests and make preliminary funding recommendations that are then reviewed by the Community Impact Division Chairs and the Sioux Empire United Way’s Board of Directors. Funding is granted to programs with impactful outcomes and a demonstrated financial need.

The following chart outlines the 2023 funding amount, the 2024 funding amount (when applicable), and details which application process the program will go through during the next application/review process. All funding amounts are contingent upon United Way reaching its campaign goal and are subject to final board review after that related campaign is complete. Once this process is finalized, an email will be sent outlining the disbursement details.

<b>Name of Program</b>	<b>2023 Funding</b>	<b>2024 Funding</b>	<b>Next Application Process</b>
Child Development Center	\$60,000	\$60,000	Off-Year Report
Heartland House Rapid Rehousing	See below Funding Terms	See below Funding Terms	Off-Year Report
<i>Funding Terms:</i> Base funding for this program is \$121,000. If ICAP is able to secure the additional HUD funding, as discussed in the application and presentation, an additional \$14,000 will be awarded to this program, for a total of \$135,000.			

Please note: The terms and conditions of accepting this grant are outlined within Sioux Empire United Way’s Manual of Policies and Procedures for Funded Agencies. In addition, our volunteers may still require a full application/review for any funded program, as deemed appropriate.

Volunteer Feedback:

- Heartland House Rapid Rehousing:
  - Of the \$135,000 noted above for this program, \$14,000 is contingent upon ICAP receiving an additional HUD grant. If ICAP is awarded the additional HUD grant, this additional \$14,000 will be awarded to this program for 2023 and 2024. If ICAP is not awarded the additional HUD grant, funding for 2023 and 2024 will remain at \$121,000.

- Please notify Christina Riss ([christina@seuw.org](mailto:christina@seuw.org)) as soon your organization is made aware of the decision on that grant.

We are pleased to support your work in our community and ask that your organization acknowledges this support throughout the year in signage within your agency, newsletters, press releases, news stories, donor lists, special events, etc. Our campaign leaders are prepared to unite our community together in a successful campaign. Thank you in advance for your role in supporting this year's efforts. If you have questions regarding the funding decision and wish to have further discussions, please contact us.

Sincerely,



Alan H. Turner II  
President



Brenda Kibbe  
Board Chair

## Minnehaha County Board of Commissioners

Cindy Heiberger, Chair  
Jean Bender, Vice-Chair  
Jeff Barth, Commissioner  
Gerald Beninga, Commissioner  
Dean Karsky, Commissioner

September 30, 2022

Inter-Lakes Community Action Partnership (ICAP)  
PO Box 268  
Madison, SD 57042

Dear Cindy Dannenbring,

This Commission has had a long history of supporting the work of agencies such as yours. With the adoption of the FY23 county budget the Board has considered your request and approved an allocation of \$2,040.00. Please submit an invoice after the new year to receive your funding.

Your agency is highly encouraged to attend an upcoming County Commission meeting to provide a brief 5 to 10-minute overview of your organization; to restate your mission, convey key points, and to share any relevant developments or achievements that have occurred over this last year. The video recording will be available to the newly elected County Commission board members to better understand your agencies role in the community, prior to any consideration of your request for FY2024 County Budget funding.

To schedule a presentation for an upcoming 9a.m. County Commission meeting, call the Commission office at 605-367-4206 or send an email to [mstorley@minnehahacounty.org](mailto:mstorley@minnehahacounty.org). Your agency representative may attend in person or by ZOOM (*log-in information provided upon request*), and will need to submit a cover letter along with presentation documents no later than Wednesday, noon prior to the next meeting. **Available presentation dates are;** October 18<sup>th</sup> or 25<sup>th</sup>, and November 1<sup>st</sup>, 15<sup>th</sup>, or 22<sup>nd</sup>

Please feel free to contact the County Commission office with any questions you may have.

Sincerely,

Carol Muller  
Commission Administrative Officer



Administration Building  
415 N. Dakota Avenue, Sioux Falls, SD 57104  
**Strong Foundation. Strong Future.**  
Equal Opportunity Employer and Service Provider

P: (605)367-4206  
F: (605)367-8314  
[minnehahacounty.org](http://minnehahacounty.org)



## **AGREEMENT**

Agreement made February 28, 2023, between the City of Sioux Falls (the "City"), a home rule chartered municipality organized under the laws of the state of South Dakota and Inter-Lakes Community Action Partnership (the "Organization") to provide and administer a rapid rehousing program in Sioux Falls.

The parties to this Agreement, in consideration of the mutual covenants and stipulations set out herein, agree as follows:

### **Section One**

The City will provide up to \$40,000.00 to the Organization as a grant. The funds are allocated from the City's general fund. The funds shall be used by the Organization for the rapid rehousing program in Sioux Falls.

The Heartland House Rapid Rehousing program is an affordable housing program for homeless families with children. Participants are provided with rental assistance and intense case management services aimed at assisting each family to achieve and maintain their optimal level of housing stabilization. The funding provided by this Agreement is to support approximately 381 individuals.

All costs in excess of the amount provided by this Agreement shall be paid by the Organization. The Organization shall supply, in a form satisfactory to the City, evidence of the commitment of funds from all other sources for use in this program.

The Organization will not substantially depart from the description of the project as set forth herein. All changes that would alter the purpose or scope of the program shall be submitted in writing to the City. No such changes or modifications may be made without the prior written approval of the City.

### **Section Two**

The Organization agrees to certify that the requests for payment are correct and valid expenditures for the purposes described herein. The Organization shall maintain proper documentation to support all claims for reimbursement. Each request shall include documentation of the total program cost for that period.

Each request shall also be accompanied by a report of people assisted, including but not limited to ethnicity (Hispanic, or not Hispanic), race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or White), and income level. Progress reports will also include information relative to female-headed households, elderly, people with disabilities, and chronic homelessness. A final report of

accomplishments shall be submitted to the City by January 12, 2023.

Four quarterly payments shall be made for each three-month period (January through March, April through June, July through September, and October through December) with a total reimbursement not to exceed \$40,000.00. The Organization shall submit requests for reimbursement within seven days of the end of each quarter; however, the final pay request shall be submitted to the City prior to December 15, 2023.

### **Section Three**

This Agreement shall commence on January 1, 2023, and shall terminate on December 31, 2023. Any unexpended funds shall revert to the City.

### **Section Four**

The Organization shall be subject to the provisions of Chapter 98 of the Code of Ordinances of Sioux Falls, SD. It is declared to be discrimination for the Organization, because of race, color, sex, creed, religion, ancestry, national origin, or disability, to fail or refuse to hire, to discharge an employee, or to accord adverse, unlawful, or unequal treatment to any person or employee with respect to application, hiring, training, apprenticeship, tenure, promotion, upgrading, compensation, layoff, discharge, or any term or condition of employment.

If the Organization is guilty of discrimination, this Agreement may be terminated in whole or in part by the City, and the Organization shall be liable for any costs or expense incurred by the City in obtaining from other sources the work and services to be rendered or performed or the goods or properties to be furnished or delivered to the City under the Agreement so terminated or canceled.

Should the Sioux Falls Human Relations Commission in a proceeding brought as provided by the Code of Ordinances of Sioux Falls, SD, find that the Organization has engaged in discrimination in connection with this Agreement and issue a cease and desist order with respect thereto, the City shall withhold up to 15 percent of any funds remaining due the Organization under this Agreement, until such time as the Commission's order has been complied with or the Organization has been adjudicated not guilty of such discrimination.

The Organization will permit the Commission reasonable access to any and all records pertaining to hiring and employment and to other pertinent data and records as are reasonably necessary for the sole purpose of enabling the Commission, its agencies or representatives, to ascertain compliance with the above provisions. The City and Commission agree to keep any employee and personnel records confidential.

This section shall be binding on all subcontractors and supplies of the Organization subsequent to the date of execution of this Agreement.

### **Section Five**

Subsequent to the date of execution of this Agreement, the Organization shall cause its contractors, subcontractors, agents, and employees to comply with all federal, state, and local laws, regulations, ordinances, guidelines, and requirements, and shall adopt such review as necessary to assure such compliance.

### **Section Six**

The funding being provided pursuant to this Agreement is an authorized budget item of the City of Sioux Falls for calendar year 2023. If the financial condition of the City should change during the term of this Agreement to the extent that the City would or might have insufficient yearly revenue to meet all of its budgeted expenditures, this Agreement may be modified by the City in the event the Mayor implements spending restraints. Any reduction in compensation will generally be in proportion to overall spending reductions. By way of illustration, if the Mayor would issue expenditure restraints reducing actual expenditures under the 2023 general fund operating budget by 15 percent, the funding provided for in this Agreement may also be reduced by 15 percent. However, the City may implement minor spending restraints and may reduce compensation provided herein by up to 5 percent without regard to proportionality of overall spending restraints at its sole discretion. The City will use its best effort in notifying the Organization of any adjustment to compensation invoked under this section. Any reduction so imposed shall be at the sole discretion of the City.

### **Section Seven**

The parties agree that the Organization operates an independent business and is contracting to do work according to its own methods, without being subject to the control of the City, except as to the product or the result of the work. The relationship between the City and the Organization shall be that as between an independent contractor and the City and not as an employer-employee relationship. The payment to the Organization is inclusive of any use, excise, income, or any other tax arising out of this Agreement.

### **Section Eight**

The Organization agrees to defend, indemnify, and hold the City harmless from all claims or liabilities including, but not limited to, attorneys' fees arising out of the services furnished under this Agreement, and for bodily injury or property damage arising out of said services furnished under this Agreement, providing that such claims or liabilities are the result of an act, error, or omission of the Organization and/or its employees/agents arising out of the services described in the Agreement.



### **Section Nine**

The Organization ensures the City that it and its consultants/subcontractors shall be covered by appropriate levels of workers' compensation and commercial liability insurance as set forth in Executive Order 109. The City's approval or acceptance of certificates of insurance does not constitute the City's assumption of responsibility for the validity of any insurance policies nor does the City represent the coverage is adequate to protect any individual/group/business, its consultants' or subcontractors' interest, and the City expressly assumes no liability therefor.

### **Section Ten**

The City may, by written notice to the Organization, terminate this Agreement in whole or in part at any time, either for the City's convenience or because of the failure of the Organization to fulfill its contract obligations with no further liability upon the City. The rights and remedies of the City provided in this section are in addition to any other rights and remedies provided by law or under this Agreement.

### **Section Eleven**

The parties acknowledge that they are entering into this Agreement freely and voluntarily, that they have the opportunity to be represented and advised by counsel in the negotiations resulting in this Agreement, that they have ascertained and weighed all the facts and circumstances likely to influence their judgment, that they have given due consideration to the provisions contained herein, and that they thoroughly understand and consent to all provisions herein.

### **Section Twelve**

The City shall have the right to audit all books and records (in whatever form they may be kept, whether written, electronic, or other) relating or pertaining to this Agreement (including any and all documents and other materials in whatever form they may be kept, which support or underlie those books and records) kept by or under the control of the Organization, including, but not limited to, those kept by Organization, its employees, agents, assigns, successors, and subcontractors at no cost to the City. Organization shall maintain such books and records, together with such supporting or underlying documents and materials, for the duration of this Agreement and for at least three years following the completion of this Agreement including any renewals thereof. The books and records, together with the supporting or underlying documents and materials, shall be made available, upon request, to the City, through its employees, agents, representatives, contractors, or other designees, during normal business hours at Organization's office or place of business in Sioux Falls, SD. This paragraph shall not be construed to limit, revoke, or abridge any other rights, powers, or obligations relating to audit which the City may have by state, City, or federal statute, ordinance, regulation, or agreement, whether those

rights, powers, or obligations are expressed or implied.

### **Section Thirteen**

Should any section or provision of this Agreement be declared by the courts to be invalid, the same will not affect the validity of the Agreement as a whole or any part thereof, other than the part declared invalid.

### **Section Fourteen**

The validity, performance, and enforcement of this Agreement are governed by the laws of the state of South Dakota. Jurisdiction and venue of any legal proceeding involving the parties in connection with this Agreement will lie exclusively with the state and federal courts located in Sioux Falls, South Dakota.

### **Section Fifteen**

This instrument contains the entire Agreement between the parties, and no statement, promises, or inducements made by either party or agent of either party that are not contained in this written contract shall be valid or binding. This contract may not be enlarged, modified, or altered except in writing signed by the parties and endorsed hereon.

### **Section Sixteen**

This Agreement shall inure to the benefit of and be binding upon the heirs, executors, administrators, assignees, and successors of the respective parties.

### **Section Seventeen**

Each party executing this Agreement on behalf of a party represents and warrants that such person is duly and validly authorized to do so on behalf of the entity it purports to bind.

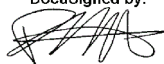
The parties agree that electronic transmission via facsimile or email to the other party of a copy of this Agreement bearing such parties' signature shall suffice to bind the party transmitting same to this Agreement in the same manner as if an original signature had been delivered.

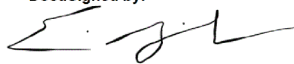
Without limitation of the foregoing, each party who electronically transmits an executed copy of this Agreement via facsimile or email bearing its signature covenants to deliver the original thereof to the other party as soon as possible thereafter.

IN WITNESS THEREOF, the parties have executed this Agreement the day and year first above written.

**CITY OF SIOUX FALLS  
231 NORTH DAKOTA AVENUE  
PO BOX 7402  
SIOUX FALLS, SD 57117-7402**

**INTER-LAKES COMMUNITY ACTION PARTNERSHIP  
PO BOX 268  
MADISON, SD 57042-0268**

DocuSigned by:  
  
7174C9069B60401... ENHAKEN 2/28/2023

DocuSigned by:  
  
699C82D07234402... ERIC KNEWSTETTER, CHIEF EXECUTIVE OFFICER 2/20/2023

ATTEST:

DocuSigned by:  
  
1F40A759A31A415... BOARD PRESIDENT 2/21/2023

DocuSigned by:  
   
DDCF9A0F8313479... TAMARA JORGENSEN, Assistant City Clerk