

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 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: 08/01/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: SD0007

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: Lewis & Clark Behavioral Health Services, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0309601

c. Unique Entity Identifier: EC2TJX3Y72B8

d. Address

Street 1: 1028 Walnut Street

Street 2:

City: Yankton

County: Yankton

State: South Dakota

Country: United States

Zip / Postal Code: 57078

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Dr.

First Name: Thomas

Middle Name: Spencer

Last Name: Stanage

Suffix: Ph.D

Title: Executive Director

Organizational Affiliation: Lewis & Clark Behavioral Health Services, Inc.

Telephone Number: (605) 665-4606

Extension:

Applicant: Lewis & Clark Behavioral Health Services, Inc.

SD500

Project: Lewis and Clark Housing Project

205125

Fax Number: (605) 665-4673

Email: thomas.stanage@lcbhs.net

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: Lewis and Clark Housing Project

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: 09/01/2023

b. End Date: 08/31/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Dr.

First Name: Thomas

Middle Name:

Last Name: Stanage

Suffix:

Title: Executive Director

Telephone Number: (605) 665-4606
(Format: 123-456-7890)

Fax Number: (605) 665-4673
(Format: 123-456-7890)

Email: thomas.stanage@lcbhs.net

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

Date Signed: 08/01/2023

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: Lewis & Clark Behavioral Health Services, Inc.

Prefix: Dr.

First Name: Thomas

Middle Name:

Last Name: Stanage

Suffix:

Title: Executive Director

Organizational Affiliation: Lewis & Clark Behavioral Health Services, Inc.

Telephone Number: (605) 665-4606

Extension:

Email: thomas.stanage@lcbhs.net

City: Yankton

County: Yankton

State: South Dakota

Country: United States

Zip/Postal Code: 57078

2. Employer ID Number (EIN): 46-0309601

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$152,957.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. **No**

The applicant has not completed all required HUD-2880 fields in the project applicant profile. Please return to the project applicant profile and complete the HUD 2880 before continuing with this project application.

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: Thomas Stanage, Executive Director

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

Date Signed: 08/01/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lewis & Clark Behavioral Health Services, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<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

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

Authorized Representative

Prefix: Dr.

First Name: Thomas

Middle Name

Last Name: Stanage

Suffix:

Title: Executive Director

Telephone Number: (605) 665-4606
(Format: 123-456-7890)

Fax Number: (605) 665-4673
(Format: 123-456-7890)

Email: thomas.stanage@lcbhs.net

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

Date Signed: 08/01/2023

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: Lewis & Clark Behavioral Health Services, Inc.

Name / Title of Authorized Official: Thomas Stanage, Executive Director

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

Date Signed: 08/01/2023

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: Lewis & Clark Behavioral Health Services, Inc.

Street 1: 1028 Walnut Street

Street 2:

City: Yankton

County: Yankton

State: South Dakota

Country: United States

Zip / Postal Code: 57078

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: Dr.

First Name: Thomas

Middle Name:

Last Name: Stanage

Suffix:

Title: Executive Director

Telephone Number: (605) 665-4606
(Format: 123-456-7890)

Fax Number: (605) 665-4673
(Format: 123-456-7890)

Email: thomas.stanage@lcbhs.net

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

Date Signed: 08/01/2023

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: Lewis & Clark Behavioral Health Services, Inc.
Prefix: Dr.
First Name: Thomas

Middle Name:

Last Name: Stanage

Suffix:

Title: Executive Director

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

Date Signed: 08/01/2023

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.

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

Make changes

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? 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

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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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): SD0007

(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: Lewis and Clark Housing Project

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

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

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Cedar Village is a therapeutic community designed to provide permanent supported housing for individuals who are homeless because of severe and persistent mental illness. The facility includes 20 single bedroom apartments. Ongoing support is provided to assist individuals in activities of daily living and life skills training. All residents also receive case management services. Mental health, chemical dependency and vocational services are provided as needed for each resident. These services include ongoing assessment, psychiatric and chemical dependency treatment as well as vocational training support. Transportation is provided by the facility. Health care, housing search, legal related and other services are accessed using community based services. Project outcomes are to assist individuals to remain in permanent housing and increase cash income. The Project achieved 92% housing stability and increased cash income for 96% of the persons served.

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 type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" 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

3C. Dedicated Plus

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? 100% Dedicated
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**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	Non-Partner	As needed
Case Management	Applicant	Daily
Child Care		
Education Services		
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	Daily
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Applicant	As needed
Outpatient Health Services	Non-Partner	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

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 20

Total Beds: 20

Total Dedicated CH Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	20	20

4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

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

a. **Units:** 20

b. **Beds:** 20

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 20

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 3111 Shirley Bridge Avenue

Street 2:

City: Yankton

State: South Dakota

ZIP Code: 57078

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

469135 Yankton County

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	20	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	20		20
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	20	0	20

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0		0	10	0	20	0	0	3	0
Persons ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	10	0	20	0	0	3	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	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

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? Yes

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? Yes

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:

Leased Units	<input type="checkbox"/>
Leased Structures	<input 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.

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:	\$38,239
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$38,239

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	Lewis & Clark Beh...	\$38,239

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Lewis & Clark Behavioral Health Services
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$38,239

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)	\$0
3. Supportive Services (Enter)	\$58,752
4. Operating (Enter)	\$94,205
5. HMIS (Enter)	\$0
6. VAWA (Enter)	
7. Sub-total of CoC Program Costs Requested	\$152,957
8. Admin (Up to 10% of Sub-total in #7)	
9. HUD funded Sub-total + Admin. Requested	\$152,957
10. Cash Match (From Screen 6D)	\$38,239
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$38,239
13. Total Project Budget for this grant, including Match	\$191,196

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AdminPlan_Residen...	08/01/2023
2) Other Attachment	No	Cash Match Letter	07/27/2023
3) Other Attachment	No	Leverage Letter 2023	07/27/2023

Attachment Details

Document Description: AdminPlan_ResidentsRights_BarrierstoPart.

Attachment Details

Document Description: Cash Match Letter

Attachment Details

Document Description: Leverage Letter 2023

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: Thomas Stanage

Date: 08/01/2023

Title: Executive Director

Applicant Organization: Lewis & Clark Behavioral Health Services, Inc.

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	07/27/2023
1B. SF-424 Legal Applicant	07/27/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/27/2023
Renewal Project Application FY2023	Page 47 08/01/2023

1E. SF-424 Compliance	07/27/2023
1F. SF-424 Declaration	07/27/2023
1G. HUD 2880	Please Complete
1H. HUD-50070	07/27/2023
1I. Cert. Lobbying	07/27/2023
1J. SF-LLL	07/27/2023
IK. SF-424B	07/27/2023
Submission Without Changes	07/27/2023
Recipient Performance	07/27/2023
Renewal Grant Consolidation or Renewal Grant Expansion	07/27/2023
2A. Subrecipients	No Input Required
3A. Project Detail	07/27/2023
3B. Description	07/27/2023
3C. Dedicated Plus	07/27/2023
4A. Services	07/27/2023
4B. Housing Type	07/27/2023
5A. Households	07/27/2023
5B. Subpopulations	No Input Required
6A. Funding Request	07/31/2023
6D. Match	07/27/2023
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/01/2023
7B. Certification	07/27/2023

ADMINISTRATIVE PLAN

Property Name: **CEDAR VILLAGE**
Address: **3111 Shirley Bridge Avenue**
Yankton, South Dakota 57078
Phone: 605-665-3401
Fax: 605-665-4673

Project Eligibility Requirements

This document lays out the requirement that relate to applying for and acceptance at the above property.

Project Specific Requirements - This housing community is funded by HUD Continuum of Care Program and SDHDA HOME Program to provide permanent supportive housing for homeless individuals who have serve and persistent mental illness.

1. The apartment unit must be the sole residence of all adult household members.
2. All household members who are 18 years of age or older are required to sign consent and verification forms.
3. All information reported by the household is subject to verification.
4. Applicants must agree to pay the rent required by the program under which they will receive assistance.
5. Household members are not required to disclose gender.
6. No one may be added to the leave or move into the unit without prior approval. The new household member will be subject to the same background screening criteria as a new move in.
7. EIV program cannot be used for a non-Section 8 property.

Citizenship Requirements -Assisting housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All household members, regardless of age, must declare their citizenship or immigration status on a *Citizen Declaration Form*. Non-citizen applicants will be required to submit documentation of eligible immigration status at the time of application, and this documentation will be verified. If the documents needed to support eligible immigration status are temporarily unavailable, the applicant may request an extension. Mixed citizenship households (where some are citizens or eligible non-citizens, and some are not) may be eligible for prorated assistance. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen household members living with the student.

Social Security Number Disclosure Requirements - Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all household members aged 6 and older prior to move-in. If an SSN is not disclosed for an applicant household member who is under the age of 6, the household may move in, provided the child was added to the household within the last six months prior to move in **and the child has not been assigned a SSN**. The household will have 90 days to provide the SSN. Under extenuating circumstances, one additional 90-day extension may be granted. This is the same extension timeframe allotted to in-place households wishing to add a new member under the age of 6 to the household. The requirement to disclose SSNs applies to all persons living in the unit including any foster children or foster adults and live-in aides who assist disabled household members.

Social security number requirements do not apply to:

1. Individuals who do not content eligible immigration status
 - a. The owner/agent will use each resident's *Citizenship Declaration* on file (see Citizenship Requirements above), whereby the individual did not content immigration status to support exception to the requirements to disclose and provide verification of an SSN.
2. Individuals aged 62 or older as of January 31st, 2010, whose initial determination of eligibility for was begun before January 31, 2010.

- a. Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. The owner/agent cannot merely accept a certification from the applicant stating they qualify for the exemption. This documentation will be retained in the resident file.

Income Limits

HUD establishes and publishes income limits annually based on household size for each county in the United States based on the median income of the geographic area. New household must be at or below these limits, as applicable to the unit they are applying for.

To meet HOME program requirements, applicants must have an income that is at or below 50% of the area median income.

Procedures for Accepting Applications and Selecting from Waiting List

Cedar Village does participate in the SDHDA Coordinated Entry System (CES) and applications may be initiated via CES.

Anyone who wishes to be a resident will generally need to provide at least the following:

- Photo IDs for all adult household members
 - Information on household characteristics: name, age, disability status (only to establish for a specific property for the elderly/disabled or for certain deductions when determining rent), need for an accessible unit
 - Household contact information
 - Sources and estimates of household's anticipated annual income and assets
 - A completed *Citizenship Declaration*
 - Screening information
 - Whether the applicant or any household member is subject to any state's lifetime sex offender registration
 - List of states where the applicant and all members of the household have resided
 - Disclosure of SSNs for all members of the household or information on applicants who were ages 62 or older as of January 31, 2010, and who do not have a SSN if they were receiving HUD rental assistance on January 31, 2010
1. Applications will be accepted once completed in full and properly signed per unit size and type in chronological time and date order. Preference is given to individuals who have disabilities and are homeless. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained at the same time and date order) after preliminary eligibility determination.
 2. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
 3. Applicants will be deactivated from the waiting list if:
 - a. They do not inform the manager of their desire to stay on the list at least once every 6 months
 - b. They accept a unit at another community
 - c. Their application is denied for any reason
 - d. The property manager is no longer able to contact the applicant by phone or mail
 - e. They inform the manager by phone, in person, or by mail that they no longer need a unit
 - f. The applicant is offered and rejects a unit three times at the community

Applicants who are denied may appeal the denial in writing within ten (10) days from the date of receiving a denial letter. A successful appeal will result in reactivation on the top of the waiting list.

Applicant Screening Criteria - Criminal and Drug-Related History and Sex Offender Checks

All applicants aged 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants. Victims of violence whose negative history directly relates to the violence may also have certain rights (see *Violence Against Women Act* section below).

1. Criminal history checks will be run on every applicant 18 years of age or older. Such checks help the owner to meet a serious business responsibility toward the legitimate end of ensuring safety for residents and physical integrity of the property.
2. Access to programs are not contingent on sobriety, minimum income requirements, lack of criminal record, completion of treatment, participation in services or other unnecessary conditions.
3. The project does everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreting as indicating a lack of "housing readiness."
4. Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

Procedures for Rejecting Ineligible Applicants - If an applicant is denied admission to the property, they will receive a written notice stating the reason(s) for the rejection. The notice will also inform how the applicant can obtain the background checks that were used to make the decision. The applicant has the right to respond in writing to dispute the rejection within 14 days of notice.

Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.

Victims of domestic violence, sexual assault, or stalking have certain rights. See the section below *Violence Against Women Act*.

Occupancy Standards

Cedar Village is a facility that has 20 single bedroom apartments.

When applying to the property, the appropriately sized unit must be in the unit configuration. Units are assigned according to family size and composition. If the appropriate unit size is not available at the time of application, the applicant will be put on a waiting list. To avoid overcrowding, and in order to be consistent, we have adopted the following occupancy standards -

<u>Bedroom</u>	<u>Minimum</u>	<u>Maximum</u>
1		2

Unit Transfer Policies

Requests from Residents - Once an applicant has become a resident, a transfer of units may be warranted. If a resident has an increase in family size or has medical/health condition that warrants a different unit or a unit that has special design features for a person with disabilities, a transfer may be requested. On occasion there may be other requests for transfers that the property will consider on a case-by-case basis. All transfer requests must be made in writing and must state the reason for the request. The request will then be forwarded to the manager for final approval.

Acceptable Reasons for Transfers - Current residents may qualify for a unit transfer for one of the following conditions:

Medical/health conditions

There is a need for a unit with special design features for a person with disabilities; or

Other potential conditions not related to health, which will be reviewed on a case-by-case basis by the manager.

Placement on Transfer Waiting List- If the manager approves a request for a transfer to a different unit, and there is not a current unit available the resident will be placed on the property's transfer waiting list.

Priority for Filling Vacancies - Cedar Village will fill its vacant rooms with current residents awaiting transfers before applicants from the property's waiting list. Unit transfers that are required by management will take priority over resident requested transfers.

Policies to Comply with Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, the Fair Housing Act and other Civil Rights Statutes and Executive Order

1. **Non-Discrimination Policies** - the owner and management company does not discriminate based upon race, color, religious, creed, national origin, sex, age, disability, or familial status.
2. **Title VI of the Civil Rights Act of 1984** - The owner and management company does not discriminate based on race, color and national origin in programs and activities receiving federal financial assistance.
3. **504 Compliance** - The landlord complies with Section 504 of the Rehabilitation Act, which prohibits discrimination in all HUD subsidized or assisted housing programs solely based on disability and that physical accessibility is provided for persons with disabilities. If an applicant feels that they have been discriminated against, contact SDHDA 504 Coordinator at 1-800-540-4241.
4. **FHA Compliance** - The Fair Housing Act (FHA) prohibits discrimination in the sale, rental or financing of housing based on race, color, religion, sex, disability, and familial status or national origin. Federal law also prohibits discrimination based on age and state law prohibits discrimination based on creed. If an applicant has a question regarding Fair Housing or feel that they have been discriminated against, contact the state Fair Housing ombudsman, Paul Flostad, at 1-877-832-0161.
5. **Limited English Proficiency**- Executive Order 13166 *Improving Access to Services for Persons with Limited English Proficiency (LEP)* requires government agencies and owners to take affirmative steps to communicate with persons who need services or information in language other than English. We take all reasonable steps to ensure meaningful access to the information and services we provide for persons with LEP. This may include interpreter services and/or written materials translated into other languages.

Opening and Closing the Waiting List

1. The waiting list will be closed for one or more-unit sizes when the average wait is one year or more. Potential applicants will be advised if the waiting list is closed, and additional applications will not be accepted. Notice will be given to SDHDA Coordinated Entry System.
2. When the waiting list is re-opened and applications will be accepted again, notice will be given to SDHDA Coordinated Entry System.

Eligibility for Students

Student eligibility restrictions apply to applicants enrolled at an institution of higher education who are under 24 years of age unless the student is living with his/her parents.

If the student meets at least one of the following criteria, they qualify:

A veteran

Married

A parent with a dependent child

A disabled individual who was receiving Section 8 assistance prior to November 30, 2005

If they do not meet one of the above, the student must be either:

1. Independent from parents OR
2. Have parents who are income-eligible

To prove that a person is "independent", ALL the following must be documented. The person must:

- a. Be of legal contract age under state law, AND
- b. Have established a separate residence (NOT dormitory housing) from parents for at least a year OR meet the U.S. Department of Education definition of an independent student, AND
NOTE: In addition to the above criteria, an "independent student" includes one who is any of the following:
 - i. 24 years of age or older by December 31 of the award year
 - ii. Married
 - iii. Veteran
 - iv. Has a legal dependent other than a spouse (example: a parent)
 - v. A graduate or professional student
 - vi. A "vulnerable youth" including:
 1. An orphan or ward of the state or in foster care at any point since age 3
 2. Now or immediately prior to attaining the age of majority, an emancipated minor or legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence
 3. An unaccompanied homeless child or youth who is self-supporting as defined by:
 - a. The McKinney-Vento Act,
 - b. Runaway and Homeless Youth Act or a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances
- c. Not be claimed on their parent's tax return, AND
- d. Have documentation from their parents establishing if they do or do not receive financial assistance from the parents (except for "vulnerable youths").

A student's independence from parents will be verified to determine that the student's parents' income is not relevant in determining the student's eligibility for assistance in all the following ways:

Previous address information will be reviewed and verified to determine evidence of a separate household verifying the student meets the U.S. Department of Education's definition of independent student

The student's prior year income tax returns to verify the student is independent or verify the student meets the U.S. Department of Education's definition of independent student

Written certification from parent or parents which establish whether they are providing any support.

Financial assistance that is provided by persons not living in the unit is part of the annual income.

If the applicant does not meet any of the above criteria, they must meet eligibility requirements and their parents, individually and jointly, must be below the low-income limit for the area in which they live. If any student in a household is an ineligible student at the time of application, the household application will be denied for occupancy.

If any member of a household becomes an ineligible student at any point in the future, the household is ineligible to receive rental assistance.

Violence Against Women Act

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity or sexual orientation. If a household otherwise qualifies for

occupancy, they cannot be denied admission or denied assistance solely based on the fact any member is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

If an applicant is a victim of domestic violence, dating violence, sexual assault, or stalking, and seeks emergency transfer, the applicant can complete the Emergency Transfer Request form to request a transfer and certify that you meet the requirements of eligibility for an emergency transfer under VAWA. Using this form does not guarantee an emergency transfer. Cedar Village staff will coordinate with Continuum of Care (CoC) for a transfer plan.

If an applicant is denied based on factors that a household feels are directly related to the fact that household member is a victim, they may inform the manager of this at the property where they are applying. A *Victim Certification* form will be provided along with a *Notice of Rights Under VAWA*. A completed *Victims Certification*, police reports, statements from persons who provided victim care or other documentation as listed in the *Notice* may be submitted within 14 business days. The manager will then consider their rights under VAWA and inform if they qualify for overturn of the appeal. If a request is not received within the 14 days, the owner is under no further obligation and the denial will be upheld. All information provided will be kept in the strictest confidence and not put on any shared database.

Termination

The manager will terminate a resident's tenancy for the following reasons:

Material Non-compliance with the Lease - The manager will terminate tenancy when a resident is in material noncompliance with the lease, including:

- Extended absence or abandonment of the unit;
- Fraud, which is when a resident knowingly provides inaccurate or incomplete information;
- Repeated minor violations.

Criminal Activity

The manager will evict a family if it is determined that a household member who is illegally using a drug interferes with the health, safety or right to peaceful enjoyment of the premises by other residents;
The manager will terminate tenancy during the term of the lease if a resident is fleeing to avoid prosecution.

Other Good Cause

The manager will terminate tenancy for other good cause, which is defined by state and local laws
The conduct of a resident may be deemed good cause, provided the manager has given the resident prior written notice and stated the conduct would constitute a basis for termination of occupancy in the future.

Termination by the Resident

In order to terminate tenancy, the resident must provide the manager with a written 30-day notice to vacate their unit, as required in the lease.

POLICY TITLE: **Resident's Rights**

Requirement of:

- State Department of Health

Refer to:

- ARSD 44:70:09:01 - Application of Chapter - Resident's rights policies
- ARSD 44:70:09:02 - Facility to inform resident of rights
- SDCL 59-7-2.1 - Principal-Designation-Healthcare
- SDCL 34-12-D- Living Wills
- Reference #23 - POA/Advanced Directives/Living Will/" My Wishes"
- Reference #24 - Resident Bill of Rights and Acknowledgement Receipt

Purpose:

- To ensure that resident's rights are respected and protected
- To inform residents of their rights and provide an environment in which they can be exercised
- To provide residents with resident's rights both orally and in writing prior to admission to Cedar Village

Policy Statement:

Prior to or at the time of admission, a facility shall inform the resident, both orally and in writing, of the resident's rights and the rules governing the resident's conduct and responsibilities while living in the facility. The resident shall sign the **Resident Bill of Rights and Acknowledgment Form** in writing that the resident received the information. During the resident's stay, the facility shall notify the resident, both orally and in writing, of any changes to the original information. The information shall contain the following:

1. As a resident of Cedar Village, I have all the rights of the assisted living community and as a citizen of the United States.
2. As a resident of Cedar Village, I have all the rights to be free of being stopped from doing activities that I want to do as long as the activity will not hurt me; able to live at Cedar Village without anyone threatening me; able to live at Cedar Village without anyone treating me differently because of my mental illness or disability or because of who I am or where I came from; able to live at Cedar Village knowing that there will not be any way of being punished for an activity that I chose to do or for something I may have said.
3. As a resident of Cedar Village, I can ask a relative or close friend to be able to assist me with any decisions that need to be made and know that Cedar Village will provide this relative or friend with information that will help me with my decisions.

Resident's Rights - (Page 2)

4. As a resident of Cedar Village, I know that I can ask to have copies of my chart for my own records and that I need to pay for those copies myself.
5. As a resident of Cedar Village, I know that I can ask the staff to explain any procedure or treatment that my doctors want me to have. I know that staff will explain all the reasons why I should have the procedure or treatment done and know that they will also tell me what might happen to me if anything goes wrong.
6. As a resident of Cedar Village, I know that staff will tell me why I need a procedure or treatment, how the treatment or procedure will help me, what will happen to me if I do have the treatment or procedure and what will happen to me if I don't have the treatment or procedure. I know that it is my choice to have the procedure or treatment.
7. As a resident of Cedar Village, I have been told that a durable power of attorney for health care is a friend or relative that I trust to speak for me and make medical choices for me if I am not able to tell the doctors what is best for me. I know that I can pick whoever I want to be my "speaker".
8. As a resident of Cedar Village, I know that I may have visitors come to Cedar Village to see me if my visitors are quiet and polite to all other residents and staff. I know that my visitors must visit me at the right times of the day.

A resident has the right to apply for Medicaid:

Application of Medicaid and the use of Medicare/Medicaid benefits can be obtained from the local

Social Security Administration
1818 Broadway Avenue #2
Yankton, SD 57078
877-405-3522

Social Services Office
3113 Spruce Street
Yankton, SD 57078
605-668-3030

Lewis & Clark Behavioral Health Services, Inc.
Cedar Village
Barriers to Participation Analysis

Cedar Village serves individuals experiencing chronic homelessness that are also experiencing chronic mental health concerns. Cedar Village receives referrals for project openings through the Coordinated Entry System (CES) of South Dakota. Individuals can receive services for their mental health concerns through Lewis & Clark Behavioral Health Services (LCBHS), but this is not a requirement. LCBHS identified several potential barriers to participation, including individuals that are not aware of or utilizing the Coordinated Entry System (CES) and transient population communication difficulties.

To help remedy the barrier of individuals not utilizing the Coordinated Entry System, LCBHS works closely with the Yankton Homeless Shelter to assist individuals to access the CES Assessment. Through our work with the Yankton Homeless Shelter, we have also guided several community partner agencies in getting individuals access to CES.

The population served by Cedar Village is transient and often does not have reliable means of communication, leading to difficulty following through and completing applications. LCBHS Case Managers work closely with these individuals to assist them in completing applications for housing.

Cedar Village is a tremendous resource for chronically homeless individuals to gain support and stability in housing and mental health treatment. However, difficulties in the community, including lack of access to assessment, an influx of COVID-related funding and other rental assistance programs, inability to find available units, lack of eligible referrals, and communication difficulties present challenging barriers to participation. LCBHS is actively taking steps to remedy these barriers.

CEDAR VILLAGE
3111 SHIRLEY BRIDGE AVENUE
YANKTON, SD 57078

Annual Assessment

Client Name: _____	Date of assessment: _____
DOB: _____	CID: _____
SSN: _____	Date of admission: _____

DEMOGRAPHICS

Age: _____	Gender: _____	Marital Status: _____
<input checked="" type="checkbox"/> Veteran	Original County of Residence: _____	Education in years: _____
Race:		
<input checked="" type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> African American
<input checked="" type="checkbox"/> Caucasian	<input checked="" type="checkbox"/> Other Race	<input type="checkbox"/> Pacific Islander
Ethnicity:		
<input checked="" type="checkbox"/> Hispanic or Latino	<input checked="" type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Puerto Rican
<input checked="" type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	<input checked="" type="checkbox"/> Other Specific Hispanic

INCOME

Income at Admission: _____	Current Income: _____
Annual Adjusted income: _____	
Benefits/Income Source on Admission:	
<input checked="" type="checkbox"/> Earned Income	<input checked="" type="checkbox"/> SSI
<input checked="" type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input checked="" type="checkbox"/> Other	Specify: _____
<input checked="" type="checkbox"/> VA Pension	<input type="checkbox"/> Private Pension
Current Benefits/Income Source:	
<input checked="" type="checkbox"/> Earned Income	<input checked="" type="checkbox"/> SSI
<input checked="" type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input checked="" type="checkbox"/> Other	Specify: _____
<input checked="" type="checkbox"/> VA Pension	<input type="checkbox"/> Private Pension

PERSONAL BARRIERS TO TREATMENT

On Admission	Yes/No	Current	Yes/No
Mental Illness		Mental Illness	<input type="checkbox"/> <input type="checkbox"/>
Alcohol Abuse	<input type="checkbox"/> <input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/> <input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/> <input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/> <input type="checkbox"/>	Chronic Health Condition	<input type="checkbox"/> <input type="checkbox"/>
HIV/Aids	<input type="checkbox"/> <input type="checkbox"/>	HIV/Aids	<input type="checkbox"/> <input type="checkbox"/>
Developmental Disability	<input type="checkbox"/> <input type="checkbox"/>	Developmental Disability	<input type="checkbox"/> <input type="checkbox"/>
Domestic Violence	<input type="checkbox"/> <input type="checkbox"/>	Domestic Violence	<input type="checkbox"/> <input type="checkbox"/>

SERVICES AND NEEDS

On Admission	Yes/No	Current	Yes/No
Assistance with Medications	<input type="checkbox"/> <input type="checkbox"/>	Assistance with Medications	
Assistance with Life Skills	<input type="checkbox"/> <input type="checkbox"/>	Coordination of Psychiatric Care	<input type="checkbox"/> <input type="checkbox"/>
Coordination of Psychiatric Care	<input type="checkbox"/> <input type="checkbox"/>	Assistance with Life Skills	<input type="checkbox"/> <input type="checkbox"/>
Coordination of Substance Abuse Services	<input type="checkbox"/> <input type="checkbox"/>	Coordination of Substance Abuse Services	<input type="checkbox"/> <input type="checkbox"/>
Coordination of Health Care Services		Coordination of Health Care Services	<input type="checkbox"/> <input type="checkbox"/>
Transportation	<input type="checkbox"/> <input type="checkbox"/>	Transportation	<input type="checkbox"/> <input type="checkbox"/>
Payee/Financial	<input type="checkbox"/> <input type="checkbox"/>	Payee/Financial	<input type="checkbox"/> <input type="checkbox"/>

DISCHARGE

Discharged during year: Yes LJ No LJ If so, Date of discharge:
Length of participation in program:

Completed by: _____,--_____ Date: _____

LEWIS & CLARK BEHAVIORAL HEALTH SERVICES, INC.

Psychiatry
Clinical Psychology
Psychiatric Nursing
Psychiatric Social Work
Psychiatric Rehabilitation

1028 Walnut
Yankton, SD 57078
Ph: (605) 665-4606
Fax: (605) 665-4673

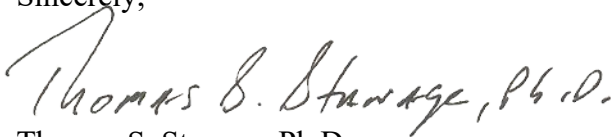
Thomas S. Stanage, Ph.D.
Executive Director

Vocational Counseling
Geriatric Outreach
Child & Family Counseling
Chemical Dependency Counseling
24-Hour Emergency Service

July 12th, 2023

This is to certify that Lewis & Clark Behavioral Health Services, Inc. will provide services for participants in the Lewis and Clark Housing Program. The value of this cash match service equals \$38,239 over the time of the 2023/2024 grant period and will be available to consumers at the beginning of September 2023 through August 2024.

Sincerely,



Thomas S. Stanage, Ph.D.
Executive Director

LEWIS & CLARK BEHAVIORAL HEALTH SERVICES, INC.

Psychiatry
Clinical Psychology
Psychiatric Nursing
Psychiatric Social Work
Psychiatric Rehabilitation

1028 Walnut
Yankton, SD 57078
Ph: (605) 665-4606
Fax: (605) 665-4673

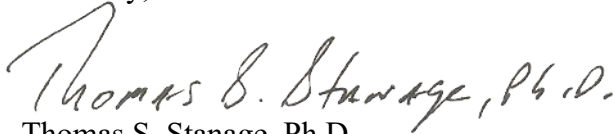
Thomas S. Stanage, Ph.D.
Executive Director

Vocational Counseling
Geriatric Outreach
Child & Family Counseling
Chemical Dependency Counseling
24-Hour Emergency Service

July 12th, 2023

This is to certify that Lewis & Clark Behavioral Health Services, Inc. will provide services for participants in the Lewis and Clark Housing Program. The value of this service equals \$643,447 over the time of the 2023/2024 grant period and will be available to consumers at the beginning of September 2023 through August 2024.

Sincerely,



Thomas S. Stanage, Ph.D.
Executive Director