

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 and the FY 2023 General Section 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.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing 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).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/12/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Institute for Community Alliances
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 42-1352902
- c. Unique Entity Identifier:** FD8JNZNSLPN8

d. Address

Street 1: 1111 9th Street
Street 2: Suite 380
City: Des Moines
County: Polk
State: Iowa
Country: United States
Zip / Postal Code: 50314

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Ms.
First Name: Mollie
Middle Name:
Last Name: Lyon
Suffix:
Title: Grants Manager
Organizational Affiliation: Institute for Community Alliances
Telephone Number: (515) 380-1925
Extension:

Fax Number: (515) 246-6637

Email: mollie.lyon@icalliances.org

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): Missouri
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: MO Springfield HMIS Expansion Project 2023

16. Congressional District(s):

16a. Applicant: MN-001, IL-016, MN-002, MN-003, MN-004, MN-005, MN-006, MN-007, MN-008, MO-001, MO-003, VT-000, MO-004, MO-005, MO-006, MO-007, MO-008, IA-001, IA-002, IA-003, IA-004, WI-001, WI-002, WI-003, WI-004, WI-005, WI-006, WI-007, WI-008, WY-000, NE-002, AK-000

16b. Project: MO-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2024

b. End Date: 12/31/2024

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: Mr.

First Name: David

Middle Name:

Last Name: Eberbach

Suffix:

Title: Corporate Executive Officer

Telephone Number: (515) 246-6509
(Format: 123-456-7890)

Fax Number: (515) 246-6637
(Format: 123-456-7890)

Email: mollie.lyon@icalliances.org

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

Date Signed: 09/12/2023

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: Institute for Community Alliances

Prefix: Mr.

First Name: David

Middle Name:

Last Name: Eberbach

Suffix:

Title: Corporate Executive Officer

Organizational Affiliation: Institute for Community Alliances

Telephone Number: (515) 246-6509

Extension:

Email: mollie.lyon@icalliances.org

City: Des Moines

County: Polk

State: Iowa

Country: United States

Zip/Postal Code: 50314

2. Employer ID Number (EIN): 42-1352902

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$82,703.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
See the list of other Government Assistance under part 5 - Other Attachments	See the list of other Government Assistance under part 5 - Other Attachments	\$0.00	See the list of other Government Assistance under part 5 - Other Attachments

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: David Eberbach, Corporate Executive Officer

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

Date Signed: 09/12/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Institute for Community Alliances
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Mr.

First Name: David

Middle Name

Last Name: Eberbach

Suffix:

Title: Corporate Executive Officer

Telephone Number: (515) 246-6509
(Format: 123-456-7890)

Fax Number: (515) 246-6637
(Format: 123-456-7890)

Email: mollie.lyon@icalliances.org

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

Date Signed: 09/12/2023

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:

X

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: Institute for Community Alliances

Name / Title of Authorized Official: David Eberbach, Corporate Executive Officer

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

Date Signed: 09/12/2023

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: Institute for Community Alliances

Street 1: 1111 9th Street

Street 2: Suite 380

City: Des Moines

County: Polk

State: Iowa

Country: United States

Zip / Postal Code: 50314

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

I certify that this information is true and complete. ☒

Authorized Representative

Prefix: Mr.

First Name: David

Middle Name:

Last Name: Eberbach

Suffix:

Title: Corporate Executive Officer

Telephone Number: (515) 246-6509
(Format: 123-456-7890)

Fax Number: (515) 246-6637
(Format: 123-456-7890)

Email: mollie.lyon@icalliances.org

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

Date Signed: 09/12/2023

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: Institute for Community Alliances

Prefix: Mr.

First Name: David

Middle Name:

Last Name: Eberbach

Suffix:

Title: Corporate Executive Officer

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

Date Signed: 09/12/2023

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

ICA's HMIS experience and expertise providing technical assistance and solutions for communities, nonprofit agencies, and programs has us recognized as one of the leading providers of Homeless Management Information Systems (HMIS) Lead Agency, System Administrator, and related technical support in the United States. ICA provides expert HMIS administration for all the top-rated software providers including WellSky, BitFocus, and Eccovia. ICA provides in-depth expertise and custom solutions to help communities achieve their full potential in assisting vulnerable families and individuals. We collaborate with others to use quality data and analytical insights to align resources to address housing stability, food security, and related social concerns.

ICA recognizes that building strong relationships with the Continuum of Care (CoC) leadership, service providers, funders, and other stakeholders in communities is essential to project success. We prioritize goals and unique aspects of a CoC's culture and needs, as well as project-specific objectives through promoting an open environment of communication and collaboration. We view CoCs, agencies and stakeholders as partners in a joint endeavor to provide effective services for those being assisted through homeless services and programs. ICA works collaboratively with the CoC structure for planning related to CoC goals. ICA uses traditional tools such as surveys, guided focus groups, needs assessments and group discussion, as appropriate, but can replicate these opportunities virtually, as needed, utilizing various meeting and collaboration software tools.

ICA's mission is to support "...communities with systems, information and data analysis that empowers decision making to improve quality of life, particularly with a focus on ending homelessness." ICA has a 30+ year tradition of community-wide collaboration, cooperation, communication, relationship building, problem-solving, and responsiveness to identified and emerging needs and 20+ years' experience in the role of HMIS Lead Agency. ICA's Leadership Team has 60+ years of HMIS expertise and 100+ years of nonprofit and public service expertise. ICA is recognized as a Subject Matter Expert on HMIS and data insights on homeless services and is often invited to present at national conferences. Our breadth of experience enables us to scale projects appropriately, while leveraging a national network of resources. Leveraging our full body of work allows us to not only meet the current needs of data collection and reporting, but to expand reporting and data analysis to allow the CoC to better understand the performance of their homeless services delivery system.

ICA has supported Coordinated Entry (CE) programs since 2015. ICA is actively involved in CE management in 35 different CoCs in 14 states and is the CE contract holder in four CoCs. In the Springfield CoC, ICA plays an integral part in CE. This entails creating HMIS workflows, training materials, and training all HMIS users on the CE workflow within HMIS. Should the CoC evaluate the CE assessment and PL in the future, ICA will assist with analysis, development of new assessments, workflows, training, and updates to the PL.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

There is no organization with more direct HMIS experience than ICA in the country. ICA has been providing HMIS management services for over 20 years and currently serves 35 CoCs in 14 states. ICA successfully manages projects in a range of localities and states, from as small as Rockford, IL, to as large as Atlanta GA; has effectively managed 5 HMIS software vendor transitions; and has negotiated, implemented, and manages the only HMIS Implementation that houses two different “Full State CoCs” in the country.

ICA has been receiving federal and state grant funding since its incorporation in 1990, and has been applying for, and receiving grants specifically for HMIS projects since 2003, including funds from the U.S. Department of Housing and Urban Development (HUD) CoC grant and Emergency Solutions Grant (ESG). ICA presently receives and directly administers HUD CoC and ESG HMIS grants that total over \$11.7 million annually. This consists of over 200 city, state, federal, and private grants related specifically to HMIS management.

ICA has also been highly successful in securing state level funding through the Missouri Housing Development Commission (MHDC) and in six of the other states we work in. ICA has also been successful in working with communities to identify, apply for, and secure local level funding. ICA has successfully secured new funding opportunities that arose from the recent health crisis, such as CV and ARPA funding.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

ICA is 501c3 private, not for profit organization with a Board of Directors, management staff, onsite Corporate Financial Officer (CFO), and front-line staff across fourteen states. ICA has a leadership team comprised of the Corporate Executive Officer, Corporate Operations Officer, six State Directors and a Grants Manager. ICA also employs a consulting accountant on a part time basis to provide an independent reconciliation of accounts and to verify other financial tasks performed by ICA staff.

ICA has staff, software, and practices in place to ensure that the requirements of each grant are met and properly conveyed to the grantor, meeting all agreed timelines. The Project Director provides front line approval of expenditures with the fiscal department, led by the CFO, provide final eligibility review and approval. The fiscal department completes and submits all reimbursement requests and/or LOCCS draws. The Project Director and Grants Manager meet monthly to review budget vs. actual spending on all grants and contracts. Any required budget adjustments identified are addressed with each funder. Additionally, ICA undergoes an independent A133 audit annually, through which ICA has maintained a “low risk” auditee designation for many years.

**4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?**

3A. Project Detail

1. CoC Number and Name: MO-600 - Springfield/Greene, Christian, Webster Counties CoC
2. CoC Collaborative Applicant Name: City of Springfield MO
3. Project Name: MO Springfield HMIS Expansion Project 2023
4. Project Status: Standard
5. Component Type: HMIS
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

The needs of the Springfield/Greene, Christian, Webster Counties (Springfield) Continuum of Care (CoC) have grown exponentially since ICA was named as their HMIS Lead Agency in 2014. The HMIS Expansion Project will provide the additional HMIS support required to meet that need. The Expansion Project will allow for the ratio of HMIS System Administrator (SA) to number of end users to be in line with HUD's recommended ratio. It will also allow for improved system administration, data management, and oversight, which results in more complete and accurate data and stronger system performance. These improvements will help increase CoC Leadership's success in developing more inclusive programs and services that meet the need of the underserved populations.

The current CoC HMIS Dedicated grant underwrites Programmatic staff at approx. .05 FTE HMIS Manager, .25 FTE SA and .01 FTE Reporting Staff. Additional funds received through MHDC ESG and MoHIP programs, along with Agency fees for the SSVF and PATH recipients in the CoC, underwrite an additional .175 FTE HMIS Manager, .05 FTE SA, and .055 FTE reporting time. This equates to .525 FTE combined time on the project from programmatic staff and .065 FTE combined time from Reporting staff.

The Springfield CoC has a total of 70 end users with access to the HMIS system, representing 41 projects at 12 agencies within the CoC. The CoC is anticipating continued growth for 2023 with new projects funded from a multitude of different funders. Having these projects in HMIS benefits the CoC by expanding the scope of data that drives direct service provision, Coordinated Entry, and community-wide data-driven strategic planning. This proposal budget includes the addition of 35 end user licenses to allow for the CoC to meet the growth in HMIS access demand.

Additionally, non-HUD funded projects that serve the CoC, like the community's O'Reilly Center of Hope Reception Project, utilize HMIS to ensure comprehensive community data is available and to enhance the collaboration on service provision. Since these are unique projects not dictated by HUD requirements, the system does not have "built-in" assessments and reports that meet the customized needs of the agencies. The creation of such tools is completed by the HMIS staff, along with ongoing training and technical support to these projects.

This proposal budget, when combined with all current HMIS funding, will allow for the full project to have a .22 FTE HMIS Manager, a full-time (1 FTE) dedicated HMIS SA, who would continue to be supported from ICA's Reporting Team (.115 FTE combined staff time) and ICA's HMIS Helpdesk (.045 FTE combined staff time). HUD's recommended SA to end user ratio sits at approximately 75 end users, depending upon additional CoC needs being met by that staff member. The requested increase in staff support time will "right-size" the HMIS support needed for the CoC.

This new staffing pattern will also allow for a larger, in-person presence in the community with the HMIS enrolled agencies, as well as on-site "in-person" training opportunities. Other services could include working with HMIS enrolled agencies to examine their data collection and data entry processes to create efficiencies and reduce the time burden on HMIS end users.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

3C. HMIS Expansion

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MO0294

1b. Eligible Renewal Grant Project Name: MO Springfield HMIS Project 2023

Select 'Yes' or 'No' to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected "Yes."

2. Will this expansion project increase HMIS functionality? Yes

2a. Describe the increased HMIS functionality.

The increased staffing underwritten by this expansion grant will allow for additional time and resources devoted to creating customized data entry workflows and assessments that meet the particular needs of the CoC, along with additional data quality and project performance reports to identify not only federal, but locally-developed outcomes.

3. Will this expansion project increase geographic coverage of HMIS? No

4. Will this expansion project increase number of HMIS participating agencies or programs? Yes

4a. Identify the number of additional HMIS users in each agency or programs that will be added

HUD - Continuum of Care Program (CoC)	3
HUD - Emergency Solutions Grant (ESG)	3
HUD - Housing Opportunities for Persons with AIDS (HOPWA)	0
HHS - Projects for Assistance in Transition from Homelessness (PATH)	0
HHS - Runaway and Homeless Youth Programs (RHY)	0
VA	4
Other	25
Total	35

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes
2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes
3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes
5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

As outlined in the CoC Governance Charter, the CoC must review this Governance Charter annually. Members of the CoC, the CoC Executive Board, Collaborative Applicant, Lead Agency, and the HMIS Lead may make suggestions for updates. It is the Lead Agency's responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter as required by HUD. As the HMIS Lead agency, ICA actively participates in this review process. Updates to the Governance Charter require two Executive Board meetings: the first to review changes and the second to vote. A simple majority is required by the OAEH Executive Board to approve updates. Final updates must be presented to CoC membership.

The HMIS Policies and Procedures Manual is a joint manual serving a multi-jurisdictional HMIS implementation. Four of the six CoCs on this implementation, including the Springfield CoC, share a joint set of HMIS Policies and Procedures. This manual is reviewed on an annual basis with each of the CoCs' committee assigned to provide oversight to the HMIS Lead Agency. ICA is an integral part of this review process ensuring that the current HUD HMIS regulations are met. Each CoC can offer suggestions for updates and/or changes in addition to any updates/changes required by HUD HMIS regulations. All suggested changes are then presented to each of the CoC's Boards for final approval.

ICA, as the HMIS Lead, is then responsible for ensuring all HMIS enrolled agencies are aware of the policies and procedures outlined in the manual. ICA hosts webinars for all HMIS enrolled agencies to review all changes in the manual. Additionally, the manual is reviewed with each agency and their HMIS end users during annual HMIS monitoring.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

Ultimately the CoC is responsible for ensuring and monitoring compliance with the HUD HMIS Standards. As the HMIS Lead, ICA is the party directly responsible for ensuring the HMIS software meets all privacy and security standards. ICA provides constant oversight of the functionality of the software to ensure all security regulations of HUD and the federal partners are being met. If any deviations or questions would arise, they would immediately be taken to the vendor for resolution. In addition to ensuring the security of the HMIS software itself, ICA works with the CoC to ensure HMIS policies are in place to protect the privacy and security of the client's data. ICA provides a mandatory annual training all HMIS enrolled agencies and all HMIS End Users on HMIS Privacy and Security Standards that is required to maintain access to the system. If users fail to complete the training their access to the system is shut off until such time as they complete the required annual training. Lastly, ICA monitors HMIS enrolled agencies to ensure all privacy and security standards and policies are being met. If there are any findings the agency is provided technical assistance to address such.

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

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

In the event of a known or suspected breach of system security or client confidentiality, HMIS enrolled agencies shall notify the (ICA) Missouri HMIS Helpdesk within 24 hours of knowledge of such breach. Depending upon the severity of the known or suspected breach, an agency may have partial (end user specific) or total access to HMIS suspended immediately while ICA investigates the known or possible breach. Any Agency that fails to email or call and/or is found to have had breaches of system security and/or client confidentiality shall enter a period of probation. During this probation period the agency will be instructed on the exact nature of their actions that caused the breach. If access was suspended, access will be turned back on, and technical assistance shall be provided to help the agency prevent further breaches. Probation shall remain in effect until the HMIS Lead has evaluated the agency's security and confidentiality measures and found them compliant with the policies stated in all HMIS agreements and the HMIS Policy and Procedure manual. Subsequent violations of system security may result in partial (end user specific) or full agency being removed from the system. The CoC is kept informed throughout the process and if a full agency removal is recommended this will go to the Board for approval.

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	08/2023
HMIS Software Training	09/2023
Data Quality Training	09/2023
Security Training	09/2023
Privacy/Ethics Training	09/2023
HMIS PIT Count Training	01/2024
Other (must specify)	
LSA/SPM Data Quality Review	09/2023
HMIS Reporting Tool Training	10/2023
2023 Data Standards Training	09/2023

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input 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.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		\$0
2. Software	HMIS Hosting Fees and User Licenses	\$16,415
3. Services		
4. Personnel	Salary/Benefits/Taxes for the approx. annual equivalent: .07 FTE Manager (\$5,596.84), .035 HMIS Director (\$4,430.30), .615 FTE SA (\$40,460.25), .05 FTE Report Specialist (\$3,829.88), .025 FTE Help Desk Specialist (1,978.25) and \$2,706.73 for HUD approved Travel Expenses	\$59,002
5. Space & Operations	Costs associated with rent , utilities, and project operational costs	\$3,021
Total Annual Assistance Requested:		\$78,438
Grant Term:		1 Year
Total Request for Grant Term:		\$78,438

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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

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



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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

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

Click the 'Save' button to automatically calculate totals.

6I. 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 Amount of Cash Commitments:	\$20,676
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$20,676

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Institute for Com...	\$20,676

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Institute for Community Alliances
(Be as specific as possible and include the office
or grant program as applicable)
4. Amount of Written Commitment: \$20,676

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$0	1 Year	\$0
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$78,438	1 Year	\$78,438
7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$78,438
10. Admin (Up to 10% of Sub-total in #9)			\$4,265
11. HUD funded Sub-total + Admin. Requested			\$82,703
12. Cash Match (From Screen 6I)			\$20,676
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$20,676
15. Total Project Budget for this grant, including Match			\$103,379

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501 C 3 Verif...	08/17/2023
3) Other Attachment(s)	No	Form 50070	08/17/2023
2) Other Attachment(s)	No	Match Certification	09/07/2023

Attachment Details

Document Description: IRS 501 C 3 Verification

Attachment Details

Document Description: Form 50070

Attachment Details

Document Description: Match Certification

7D. 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: David Eberbach

Date: 09/12/2023

Title: Corporate Executive Officer

Applicant Organization: Institute for Community Alliances

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

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/07/2023
1C. SF-424 Application Details	No Input Required
New Project Application FY2023	Page 47
	09/13/2023

1D. SF-424 Congressional District(s)	09/07/2023
1E. SF-424 Compliance	09/07/2023
1F. SF-424 Declaration	09/07/2023
1G. HUD 2880	09/07/2023
1H. HUD 50070	09/07/2023
1I. Cert. Lobbying	09/07/2023
1J. SF-LLL	09/07/2023
IK. SF-424B	09/07/2023
1L. SF-424D	09/07/2023
2A. Subrecipients	No Input Required
2B. Experience	09/07/2023
3A. Project Detail	09/07/2023
3B. Description	09/11/2023
3C. HMIS Expansion	09/11/2023
4A. HMIS Standards	09/07/2023
4B. HMIS Training	09/11/2023
6A. Funding Request	09/07/2023
6H. HMIS Budget	09/11/2023
VAWA Budget	No Input Required
6I. Match	09/07/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/07/2023
7D. Certification	09/07/2023



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

INSTITUTE FOR COMMUNITY ALLIANCES
1111 9TH ST STE 380
DES MOINES, IA 50314

Date: May 20, 2022
Employer ID number: 42-1352902
Form 990 required: 990, YES
Person to contact: Name: J. SHERMAN
ID number: 0195277

Dear Sir or Madam:

We're responding to your request dated July 07, 2021, about your tax-exempt status.

We issued you a determination letter in April 1991, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- ▼ Form 990, Return of Organization Exempt From Income Tax
- ▼ Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- ▼ Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- ▼ Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

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

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

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)

Name of Authorized Official

Title

Signature

Date

X 

HUD Form 50070
Certification for a Drug-Free Workplace
August 22, 2022

Work Place Sites:

Iowa Statewide HMIS Network
Des Moines/Polk Co. & Balance of State
Omaha – Council Bluffs HMIS
1111 – 9th Street, Suite 380
Des Moines (Polk), IA 50314

Minnesota HMIS Projects – All CoCs
2550 University Avenue, W
St. Paul (Ramsey), MN 55114

Missouri HMIS Projects –
Balance of State, Springfield, Joplin
and
Wyoming Statewide HMIS Project
PO Box 1233
Sedalia (Pettis), MO 65302

Missouri HMIS Project – St. Louis City
910 N. 11th Street
St. Louis (St. Louis), MO 63101

Wisconsin HMIS Projects
Balance of State, Madison, and Racine
448 W. Washington Avenue
Second Floor
Madison (Dane), WI 53703

Institute for Community Alliances

August 22, 2023

R.E. Matching Fund Letter of Commitment

This letter serves as a verification of matching funds commitment for the Missouri Homeless Management Information System (HMIS) grant application which will be funded through the U.S. Department of Housing and Urban Development's Continuum of Care (CoC) Grant Program. The matching fund amount is \$20,676.00 and made available through the State ESG Program Dollars.

As required by the CoC Application Submission:

The name of the organization guaranteeing the Match resource; ***The Institute for Community Alliances (ICA). ICA will be providing the cash resources for this grant. ICA will be utilizing state ESG funding to meet this match obligation.***

The amount; ***\$20.676.00***

The type of activity for which the funds will be used (e.g., equipment, software, services, personnel and HMIS space and operations); ***Matching funds will support the following activities, HMIS Services, HMIS Software, Personnel, HMIS Space and Operation.***

The name of the project sponsor organization to which the cash will be contributed and/or the name of the project; ***Institute for Community Alliances/Missouri HMIS Project***

The date the funds are available: ***January 1, 2024.***

Any questions regarding these matching funds can be brought to my attention.

Sincerely,



David A. Eberbach
Executive Director