

## **Before Starting the Project Application**

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 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 2021 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:** 10/15/2021

**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

	<b>c. Organizational DUNS:</b>	149341732	<b>PLUS 4:</b>	
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### 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:** Julie

**Middle Name:** Ann

**Last Name:** Eberbach

**Suffix:**

**Title:** Associate Executive Director

**Organizational Affiliation:** Institute for Community Alliances

**Telephone Number:** (515) 246-6643

**Extension:**

**Fax Number:** (515) 246-6637

**Email:** [julie.eberbach@icalliances.org](mailto:julie.eberbach@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-6500-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 Joplin HMIS Project 2021

### 16. Congressional District(s):

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

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

### 17. Proposed Project

a. Start Date: 03/01/2022

b. End Date: 02/28/2022

### 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:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (515) 246-6643  
**(Format: 123-456-7890)**

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

**Email:** julie.eberbach@icalliances.org

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

**Date Signed:** 10/15/2021



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Institute for Community Alliances

**Prefix:** Mr.

**First Name:** David

**Middle Name:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** Institute for Community Alliances

**Telephone Number:** (515) 246-6643

**Extension:**

**Email:** julie.eberbach@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**

**4a. Total Amount Requested for this project: \$30,823.00**

(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 Attachements			

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

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

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

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

**I AGREE:**

**Name / Title of Authorized Official:** David Discher, Chief Executive Officer

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

**Date Signed:** 10/15/2021

# 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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### 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** X

**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.**

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:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (515) 246-6643  
**(Format: 123-456-7890)**

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

**Email:** julie.eberbach@icalliances.org

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

**Date Signed:** 10/15/2021

## **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
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**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 Discher, Chief Executive Officer

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

**Date Signed:** 10/15/2021

# 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.

X



**Authorized Representative**

**Prefix:** Mr.

**First Name:** David

**Middle Name:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (515) 246-6643  
**(Format: 123-456-7890)**

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

**Email:** julie.eberbach@icalliances.org

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

**Date Signed:** 10/15/2021

# 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:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

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



**Date Signed:** 10/15/2021

## 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.

The Institute for Community Alliances was founded as a small not-for-profit organization in 1990 in Des Moines, Iowa. Homeless Management Information Systems have been central to our work since 2001. Today, the 100-member ICA team supports HMIS Lead Agency and HMIS System Administrator functions for over 35 Continua of Care with more than 4,000 licensed database users across 14 states, including Alaska, Georgia, Idaho, Illinois, Iowa, Minnesota, Missouri, Nebraska, New Hampshire, North Dakota, South Carolina, Vermont, Wisconsin, and Wyoming.

Our HMIS background, experience, and expertise have positioned ICA as one of the recognized leading providers of HMIS Lead Agency, System Administrator, and related technical support services in the United States. ICA is committed to delivering in-depth expertise and custom solutions and services to help communities and agencies achieve their full potential in assisting vulnerable families and individuals. We collaborate with others that share our interest and desire to capture and utilize quality data and align resources to address housing stability, food security, and related social concerns.

Some unique characteristics that set us apart:

- A proven 30+ year tradition of community-wide collaboration, cooperation, communication, relationship building, problem-solving, and responsiveness to identified and emerging needs.
- Nearly 20 years of agency experience in the role of HMIS Lead Agency and System Administrator.
- ICA director-level staff who are dedicated to sharing nearly 75 collective years of expertise and knowledge regarding HMIS and comparable community information systems.
- A leadership team with over 100 years of nonprofit and public service experience and real-world perspective.
- Capacity to scale projects appropriately, while leveraging a national network of resources, including best practices and standards, proven community data management models, and a large circle of expertise beyond the ICA network.

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

ICA has been receiving federal and state grant funding since its incorporation in 1990, with a primary focus on projects that assist homeless and low-income persons, and has been applying for, and receiving HUD Continuum of Care (CoC) grants specifically for HMIS projects since 2003. ICA presently receives

and directly administers HUD CoC and ESG HMIS grants that total over \$4.3 million annually.

To ensure financial accountability ICA has a monthly fiscal meeting with our consulting accountant. The accountant examines each grant within each project to ensure that funds are appropriately utilized, and grant requirements are being met. In addition, she reviews the work of our Fiscal Operations Manager in our bookkeeping system. ICA completes an A-133 audit each year and has maintained a "low risk" auditee status for many years.

ICA will submit monthly reimbursement requests for the CoC funds with the required backup documentation. ICA's fiscal team will review the CoC grant spend-down on a semi-monthly and quarterly basis to ensure annual spend down of the grant funds.

**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 financial manager, and front-line staff across fourteen states. ICA has a leadership team comprised of the Chief Executive Officer, Executive Director, Associate Director, and State Directors. 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. The consulting accountant also meets with leadership team members monthly to jointly review grant expenditures and address any issues or concerns. ICA uses industry standard Quickbooks for financial management and undergoes an independent A133 audit annually, through which ICA has maintained a "low risk" auditee designation for many years. ICA works in coordination with the CoC, its member agencies, funders, and other key stakeholders at all times to ensure that all HMIS lead obligations are completed to the highest possible standards. ICA staff are involved directly and indirectly with CoC board of directors, sub-committees, and many planning committees throughout its service delivery area. ICA staff often hold leadership positions in these groups.

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



### 3A. Project Detail

**1. CoC Number and Name:** MO-602 - Joplin/Jasper, Newton Counties CoC

**2. CoC Collaborative Applicant Name:** Economic Security Corporation of Southwest Area

**3. Project Name:** MO Joplin HMIS Project 2021

**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

### 3B. Project Description

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

As HMIS Lead, ICA works with the CoC to ensure HMIS meets all federal regulatory guidelines and can accurately produce funder and CoC required data reports. ICA provides comprehensive services from working with agencies at the front end to ensure complete and accurate data entry into the system, to providing the CoC with different levels of data reports and analysis that allow the CoC to make data driven policy decisions. ICA ensures all annual HMIS contract and training requirements are met. Currently the CoC has 7 agencies enrolled in HMIS. These agencies have 36 end users entering data for 28 separate distinct projects.

In addition to data completeness and accuracy, ICA produces HUD’s System Performance Measures (SPM) reports. ICA provides additional project level performance reports to the CoC and supplements these reports with additional data that allows the CoC to recognize high performing projects. All Homelessness Data Exchange (HDX) data entry for the SPM reports is completed by ICA.

ICA’s ongoing data quality review with agencies also impacts the Longitudinal System Analysis (LSA) data submission. Data quality reports are pulled quarterly and reviewed with agencies for any data corrections required. ICA completes the annual LSA data submission in HDX2.

ICA conducts the annual sheltered PIT count. Agencies submit an HMIS PIT report. Reports are reviewed for data quality. Non-enrolled agencies are surveyed. Surveys are reviewed and agencies are contacted for validation if there are any inconsistencies. In addition, ICA gathers data for the HIC and completes the annual HDX data entry for both the sheltered PIT and the HIC.

Technical Assistance Assessment (TAA) are conducted annually with all partner agencies. This provides the opportunity to work with agencies to ensure compliance with all HMIS policies, address data quality issues, provide additional hands-on technical assistance and training, and discuss on-going data collection, data entry, and reporting assistance needed.

ICA takes an active role with the CoC by assessing performance through data. ICA provides guidance at agency, regional, and CoC levels to analyze data sets and performance measures. These measures allow data driven decisions to be made that promote an effective homeless services delivery system.

To address the performance of the HMIS Project, ICA uses MOHMIS Newsletter feedback, HMIS Help Desk Feedback Survey, CoC Committee feedback, and HMIS User Feedback solicited during User meetings. ICA uses the results to assist in setting project priorities for the coming year and identify areas for improvement.

These funds will underwrite the annual equivalent of .29 FTE programmatic staff. This increases the total programmatic staff time on the project from .51 FTE to .80 FTE total.

**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**

New Project Application FY2021	Page 26	10/19/2021
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**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? No

## 4A. HMIS Standards

- 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?** Yes
- 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, 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. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?** Yes
- 6. Does your organization conduct a background check for all employees who access and view HMIS data?** Yes
- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?** Yes
- 8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)** Yes
- 8a. How long does it take to remove user licenses for former HMIS users?** Within 24 hours

## 4B. HMIS Training

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

&nbsp;Activity	&nbsp;Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	09/2021
HMIS Software Training	09/2021
Data Quality Training	09/2021
Security Training	09/2021
Privacy/Ethics Training	09/2021
HMIS PIT Count Training	01/2021
Other (must specify)	

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? 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  
HMIS

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

## 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
<b>1. Equipment</b>		\$0
<b>2. Software</b>	Vender Hosting fees, HMIS User Licenses, Inc. Report Tool Access	\$7,793
<b>3. Services</b>		\$0
<b>4. Personnel</b>	Salary, Benefits, and Taxes for approx. annual equivalent: .04 FTE Manager, .25 FTE System Administrator, .005 FTE HMIS Director. Includes \$1,000 in costs associated with travel to provide training and technical assistance and HUD approved staff training opportunities.	\$20,332
<b>5. Space &amp; Operations</b>	Costs associated with rent, utilities, and project operational costs	\$652
<b>Total Annual Assistance Requested:</b>		\$28,777
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$28,777

**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:	\$7,706
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$7,706

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	Government	Institute for Com...	\$7,706

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Government

**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:** \$7,706

## 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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$28,777	1 Year	\$28,777
7. Sub-total Costs Requested			\$28,777
8. Admin (Up to 10%)			\$2,046
9. Total Assistance Plus Admin Requested			\$30,823
10. Cash Match			\$7,706
11. In-Kind Match			\$0
12. Total Match			\$7,706
13. Total Budget			\$38,529

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	ICA IS 501 c 3 Le...	10/01/2021
3) Other Attachment(s)	No	Form 50070	10/01/2021
2) Other Attachment(s)	No	Match Certification	10/11/2021

## **Attachment Details**

**Document Description:** ICA IS 501 c 3 Letter

## **Attachment Details**

**Document Description:** Form 50070

## **Attachment Details**

**Document Description:** Match Certification

## **7D. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** David Discher

**Date:** 10/15/2021

**Title:** Chief Executive Officer

**Applicant Organization:** Institute for Community Alliances

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X
---

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

**Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**



## 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	No Input Required
1C. SF-424 Application Details	No Input Required

New Project Application FY2021	Page 41	10/19/2021
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<b>1D. SF-424 Congressional District(s)</b>	10/01/2021
<b>1E. SF-424 Compliance</b>	09/24/2021
<b>1F. SF-424 Declaration</b>	09/24/2021
<b>1G. HUD 2880</b>	09/24/2021
<b>1H. HUD 50070</b>	09/24/2021
<b>1I. Cert. Lobbying</b>	09/24/2021
<b>1J. SF-LLL</b>	09/24/2021
<b>IK. SF-424B</b>	09/24/2021
<b>1L. SF-424D</b>	09/24/2021
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	10/15/2021
<b>3A. Project Detail</b>	10/11/2021
<b>3B. Description</b>	10/15/2021
<b>3C. HMIS Expansion</b>	10/11/2021
<b>4A. HMIS Standards</b>	10/11/2021
<b>4B. HMIS Training</b>	10/11/2021
<b>6A. Funding Request</b>	10/11/2021
<b>6H. HMIS Budget</b>	10/13/2021
<b>6I. Match</b>	10/11/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/11/2021
<b>7D. Certification</b>	10/13/2021

OGDEN UT 84201-0029

In reply refer to: 4077950277  
Aug. 16, 2018 LTR 4168C 0  
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INSTITUTE FOR COMMUNITY ALLIANCES  
IOWA INSTITUTE FOR COMMUNITYALLIANC  
1111 9TH ST STE 380  
DES MOINES IA 50314-2527



039013

Employer ID number: 42-1352902  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated July 02, 2018, 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 of this letter, 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 990EZ, 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 990-EZ
- 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](http://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.,

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Aug. 16, 2018 LTR 4168C 0  
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INSTITUTE FOR COMMUNITY ALLIANCES  
IOWA INSTITUTE FOR COMMUNITYALLIANC  
1111 9TH ST STE 380  
DES MOINES IA 50314-2527

local time, Monday through Friday (Alaska and Hawaii follow Pacific  
time).

Thank you for your cooperation.

Sincerely yours,

*Stephen A. Martin*

Stephen A. Martin  
Director, EO Rulings & Agreements

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Institute for Community Alliances

Program/Activity Receiving Federal Grant Funding

Continuum of Care 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.

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.)

Please see attached listing.

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

Julie A. Eberbach

Title

Associate Executive Director

Signature

X 

Date

09/27/2021

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

**HUD Form 50070  
Certification for a Drug-Free Workplace  
September 27, 2021**

**Work Place Sites:**

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

Iowa Statewide HMIS Network –  
Sioux City/Dakota County  
Siouxland Coordinated Entry  
Institute for Community Alliances  
1309 Pierce St.  
Sioux City (Woodbury), IA 51105

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

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

Missouri HMIS Project – St. Louis City  
910 N. 11<sup>th</sup> Street  
Suite 310  
St. Louis (St. Louis), MO 63101

Omaha/Council Bluffs HMIS Project  
1520 Avenue M  
Council Bluffs (Pottawattamie), IA 51501

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

Wyoming HMIS Project  
P.O. Box 22317  
Cheyenne (Laramie), WY 82003

INSTITUTE FOR COMMUNITY ALLIANCES  
PO BOX 1233  
SEDALIA, MO 65302  
E: INFO@ICALLIANCES.ORG  
W: WWW.ICALLIANCES.ORG



ALASKA | IOWA | MINNESOTA | **MISSOURI** | OMAHA/COUNCIL BLUFFS |  
ROCK RIVER COALITION | VERMONT | WISCONSIN | WYOMING

SEPTEMBER 30, 2021

## 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 \$7,705.75 and made available through the state ESG program Dollars.

As required by the CoC Application Submission:

The name of the organization guaranteeing the cash 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; ***\$7,705.75***

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: ***Jan. 1, 2022.***

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

Sincerely,

A handwritten signature in blue ink that reads "David A. Eberbach". The signature is fluid and includes a long horizontal flourish extending to the right.

David A. Eberbach  
Executive Director