

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 2025 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) 2025 Continuum of Care (CoC) Program Competition. For more information see FY 2025 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2025 CoC Program NOFO and the FY 2025 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 2025 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: 01/27/2026

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-6800-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): Minnesota
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: RVCoC CES Expansion FY2025

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, NY-019, 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: MN-001, MN-002, MN-007
(for multiple selections hold CTRL key)

17. Proposed Project

- a. Start Date:** 09/01/2026
- b. End Date:** 08/31/2027

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: 01/27/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

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: \$132,651.00

(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: 01/27/2026

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

2. Sites for Work Performance.

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

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

X

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

Authorized Representative

Prefix: Mr.

First Name: 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: 01/27/2026

11. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: 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: 01/27/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)

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: 01/27/2026

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2025

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: 01/27/2026

1L. SF-424D

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

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: \$60,000

Organization	Type	Sub-Award Amount
Olmsted County Health Housing and Human Services	B. County Government	\$30,000
Mankato Economic Development Authority	C. City or Township Government	\$30,000

2A. Project Subrecipients Detail

a. Organization Name: Olmsted County Health Housing and Human Services

b. Organization Type: B. County Government
If "Other" specify:

c. Employer or Tax Identification Number: 41-6005859

d. Unique Entity Identifier: R5YTGJ7N2ZJ1

e. Physical Address

Street 1: 2117 Campus Dr SE

Street 2:

City: Rochester

State: Minnesota

Zip Code: 55904

f. Congressional District(s): MN-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$30,000

j. Contact Person

Prefix: Mr.

First Name: Jacob
Middle Name:
Last Name: Radtke
Suffix:
Title: Program Manager
E-mail Address: jacob.radtke@olmstedcounty.gov
Confirm E-mail Address: jacob.radtke@olmstedcounty.gov
Phone Number: 507-328-6323
Extension:
Fax Number:

2A. Project Subrecipients Detail

- a. Organization Name:** Mankato Economic Development Authority
- b. Organization Type:** C. City or Township Government
If "Other" specify:
- c. Employer or Tax Identification Number:** 41-6005344
- d. Unique Entity Identifier:** UKU9LZ6NXLH3
- e. Physical Address**
Street 1: 10 Civic Center Plaza,
Street 2:
City: Mankato
State: Minnesota
Zip Code: 46002
- f. Congressional District(s):** MN-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$30,000

j. Contact Person

Prefix: Ms.

First Name: Nancy

Middle Name:

Last Name: Bokelmann

Suffix:

Title: Program Manager

E-mail Address: nbokelmann@mankatomn.gov

Confirm E-mail Address: nbokelmann@mankatomn.gov

Phone Number: 507-387-8623

Extension:

Fax Number:

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’ (ICA) mission is to support communities with systems, information and data analysis that empowers decision making to improve the quality of life, particularly with a focus on ending homelessness. ICA was founded in 1990 in Des Moines, Iowa. Homeless Management Information Systems have been central to our work since 2001. Today, the nearly 200-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 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, 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 \$9.1 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.

In addition to HUD grants, ICA supports its numerous HMIS projects with diverse funding streams in order to make each project financially sustainable on a yearly basis. ICA secures funds from organizations that use HMIS as well as other grant programs that are required to access the system. With certain exceptions, funds that are provided to ICA directly from a grantor or unit of government are allocated based on a set dollar amount and formalized through a Memorandum of Understanding (MOU). Grant funds that are received from grantees and other non-profit organizations specifically for a project are based on a percentage allocation, either 1%, 1.5%, or 2%, depending upon the volume of system usage by that grant program and the frequency of federal reporting required by the grantee.

ICA implements a user fee structure where agencies are invoiced annually for user licenses assigned and in use by their respective end-users. This fee structure also includes payment for access to the reporting tool. The user fee structure is proposed and adopted by the continua as part of the HMIS policies and procedures.

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 Executive Director, and six 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.

All expenses are reviewed for eligibility by the HMIS Director and the Fiscal Operations Manager (FOM). Coding of expenses are entered into ICA's financial software "QuickBooks" by the FOM as outlined in ICA's approved Cost Allocation policy. After all monthly expenses have been entered, a Profit and Loss Statement (P&L) is generated. This P&L is then reviewed to identify outstanding expenses that have not been previously submitted for reimbursement. All required expense backup documentation is collected to maintain in ICA billing records. The Grants Manager and the HMIS Director meet monthly to review project spenddown to ensure all funds are allocated and spent during the appropriate time period. The Grants Manager and HMIS Director stay in close communication throughout the grant funding period to ensure progress is being made to reach deliverables as well as expend funds to meet funder deadlines. 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
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

- 1. CoC Number and Name: MN-502 - Rochester/Southeast Minnesota CoC
- 2. CoC Collaborative Applicant Name: Institute for Community Alliances

- 3. Project Name: RVCoC CES Expansion FY2025

- 4. Project Status: Standard

- 5. Component Type: SSO

- 5a. Select the type of SSO Project: Coordinated Entry

- 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

- 11. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

3B. Project Description

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

"The Continuum of Care (CoC) seeks increased HUD funding to expand a fully integrated, trauma-informed, client-centered Coordinated Entry System (CES) across the region. Additional resources will support the Coordinated Entry Referral Specialist, the Performance and Support Manager, and an expanded team of CES Navigators. The project strengthens system capacity, reduces trauma, promotes self-sufficiency, and increases exits to safe, stable, permanent housing.

CES provides an equitable, low-barrier access point for individuals and families seeking assistance. Through standardized assessments, prioritization, and referral processes across multiple access sites, CES ensures households receive appropriate housing interventions without navigating multiple agencies.

Core Project Activities

- Maintain and improve the CES list in alignment with CoC prioritization standards.
- Expand the CES Navigator workforce through new positions and subgrantee partnerships to deliver individualized support, expedite referrals, and link participants to mainstream and community services.
- Provide ongoing training and technical assistance—including for non-HMIS agencies—to strengthen access, case coordination, trauma-informed practices, and overall system performance.
- Partner with the CoC Data and TA Committee to evaluate outcomes, enhance data quality, identify service gaps, and implement continuous quality improvements informed by participant feedback.
- Engage new partners, especially in rural areas and under-connected systems, to broaden equitable access and reduce barriers for households with complex needs.

Objectives for the Grant Period

- Expand HMIS-based CES implementation to improve data accuracy, referral timeliness, and coordinated service delivery.
- Provide at least four CES trainings to enhance access processes, collaboration with health partners, trauma-informed practice, workforce development, and participant outcomes, while embedding participant voice throughout.
- Strengthen CES evaluation at both project and system levels to document effectiveness, identify bottlenecks, and ensure adherence to HUD requirements.
- Increase Navigator-based support for households with the highest barriers, including individuals with complex needs who are least likely to secure housing without targeted assistance.

Decrease the number of housing referral denials.

Collaborative Strategy and Leveraging

The CoC will continue collaborating with statewide partners—including the ten Minnesota CoCs, Emergency Solutions Grant recipients, and State programs—to align CES policies, share data, and improve documentation of homelessness. The project incorporates participant feedback to guide policy refinement and service enhancements. Regionally, the CoC will deepen engagement with rural communities and expand coordination with healthcare, behavioral health, education, local law enforcement, and other partners. These collaborative efforts increase equitable access to housing solutions and reduce homelessness across the service area.

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	30			
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				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

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

4. As an SSO-Coodinated Entry project answer the following questions:

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The CoC operates a no-wrong-door Coordinated Entry System with designated access points in every county, ensuring equitable access for single adults, families with children, veterans, survivors of domestic and sexual violence, unaccompanied youth, and households at imminent risk of homelessness. Households may present at any access point they identify with and are guaranteed assessment and assistance, regardless of entry location or population type.

To maximize awareness and access, each county maintains a local homeless response team responsible for targeted outreach and system advertising. Outreach strategies include direct engagement with unsheltered individuals through distribution of CES flyers and cards, regular presence at emergency shelters, and outreach in high-visibility community locations such as public libraries, fast-food establishments, and cultural centers. Response teams also conduct presentations and information sharing with partner agencies to ensure consistent messaging and referrals.

CES access point information is broadly advertised and continuously updated across multiple public websites and is shared with the HUD Field Office, state agencies, mainstream service providers, and other community partners who regularly receive inquiries from individuals seeking housing assistance. These coordinated outreach and advertising efforts ensure that households experiencing homelessness can readily identify entry points, reduce barriers to access, and promote consistent, system-wide utilization of Coordinated Entry.

4d. Will the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

Individuals experiencing homelessness access the crisis response system through any provider within the CoC. Upon initial contact—whether at a service provider, through street outreach, or via law enforcement in some communities—households complete a brief triage to assess immediate safety needs. Those identified as being at risk of domestic violence are promptly referred to appropriate DV providers or advocates.

Households are also screened for diversion or prevention opportunities. When diversion is not possible, individuals are referred to emergency shelter or provided motel vouchers as availability allows. Veterans are simultaneously entered into the Minnesota Veterans Registry to ensure coordinated follow-up with veteran-specific resources.

If homelessness is not resolved within a short period, a trained assessor completes the Coordinated Entry (CE) assessment. The household is then placed on the Coordinated Entry System (CES) priority list for referral to CoC-funded programs or other housing resources.

The CES priority list manager ensures that housing opportunities are offered to the eligible household with the highest level of need, regardless of geographic location within the CoC, unless the household has expressed a preference to remain in a specific community. Participating providers are required to fill program vacancies through the CES priority list and are not permitted to bypass the coordinated entry process, ensuring a fair, transparent, and needs-based allocation of housing resources across the system.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following groups:

No

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness?

3C. Project Expansion Information

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 2025 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MN0464

1b. Eligible Renewal Grant Project Name: RVCoC CES FY2024

2. Will this expansion project increase the Coordinated Entry process? Yes

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

2. Select a grant term: 1 Year

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

Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

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

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	\$40,000(.5 FTE) Navigator salary and benefits; \$725 travel (1000 miles @ .725 p/mile); \$4,517 Coordinated Entry Specialist (.1 FTE); \$15,000 (Subgrantee)	\$60,296
2. Assistance with Moving Costs		
3. Case Management	\$40,000 (.5 FTE) Navigator salary and benefits; \$725 travel (1000 miles @ .725 p/mile); \$4,571 (.1 FTE Coordinated Entry Referral Specialist); \$15,000 (subgrantee)	\$60,296
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$120,592
Grant Term		1 Year
Total Request for Grant Term		\$120,592

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2025, 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 BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

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

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

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

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

Click the 'Save' button to automatically calculate totals.

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:	\$0
Total Amount of In-Kind Commitments:	\$33,163
Total Amount of All Commitments:	\$33,163

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

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

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	Mankato Economic ...	\$16,582
In-Kind	Government	Olmsted County He...	\$16,581

Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Government
- 3. **Name of Source:** Mankato Economic Development Authority
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$16,582

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

Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Government
- 3. **Name of Source:** Olmsted County Health Housing and Human Services
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$16,581

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

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)	\$120,592	1 Year	\$120,592
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 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			\$120,592
10. Admin (Up to 10% of Sub-total in #9)			\$12,059
11. HUD funded Sub-total + Admin. Requested			\$132,651
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$33,163
14. Total Match (From Screen 6I)			\$33,163
15. Total Project Budget for this grant, including Match			\$165,814

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Institute for Community Alliances

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	<input checked="" type="checkbox"/>
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	<input type="checkbox"/>
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	<input type="checkbox"/>

Submission Type: Initial Submission

Effective Date: 07/09/2025

Certification of Authorized Representative for the Applicant/Recipient:

X

**** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

****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; 24 CFR § 28.10(b)(iii)).**

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: 07/09/2025

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

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: 01/27/2026

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.

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
New Project Application FY2025	Page 52
	01/28/2026

1B. SF-424 Legal Applicant	01/23/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	01/24/2026
1E. SF-424 Compliance	01/23/2026
1F. SF-424 Declaration	01/23/2026
1G. HUD 2880	01/23/2026
1H. HUD 50070	01/23/2026
1I. Cert. Lobbying	01/23/2026
1J. SF-LLL	01/23/2026
IK. SF-424B	01/23/2026
1L. SF-424D	01/23/2026
2A. Subrecipients	01/27/2026
2B. Experience	01/23/2026
3A. Project Detail	01/24/2026
3B. Description	01/24/2026
3C. Expansion	01/24/2026
6A. Funding Request	01/24/2026
6F. Supp Srvcs Budget	01/26/2026
VAWA Budget	No Input Required
6I. Match	01/26/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	01/26/2026
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	01/26/2026