

## 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 2025 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 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](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: 01/26/2026

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](mailto: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:** MN HMIS Southeast Expansion FY25

**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-003, MN-004, MN-005, MN-006, MN-007, MN-008  
(for multiple selections hold CTRL key)

**17. Proposed Project**

- a. Start Date:** 11/01/2026
- b. End Date:** 10/31/2027

**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:** 01/26/2026

# 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: \$100,000.00**

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

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

**Date Signed:** 01/26/2026

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** 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:** 01/26/2026

## **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:** 01/26/2026

## 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.

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**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:** 01/26/2026

## 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:

- |           |   |
|-----------|---|
| <b>1.</b> | 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.   |
| <b>2.</b> | 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.   |
| <b>3.</b> | 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.  |
| <b>4.</b> | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| <b>5.</b> | 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).  |
| <b>6.</b> | 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. |
| <b>7.</b> | 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.  |
| <b>8.</b> | 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:** 01/26/2026

## 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:

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 (ICA) supports communities through data systems and analysis that inform decision making and improve quality of life, with a primary focus on ending homelessness. ICA is a nationally recognized provider of HMIS Lead Agency, System Administrator, and related technical support services.

HMIS has been central to ICA’s work for more than 20 years. The organization currently supports over 35 Continua of Care, serving more than 4,000 licensed HMIS users across 14 states.

Since its incorporation, ICA has received federal and state funding to support projects serving people experiencing homelessness and low income households. ICA has successfully secured and administered HUD Continuum of Care (CoC) HMIS grants since 2003 and currently manages more than \$9.1 million annually in HUD CoC and ESG HMIS funds.

ICA maintains strong fiscal oversight with a dedicated finance team that includes a Chief Financial Officer, accountant, Grants Manager, Grants Assistant, and Accounts Receivable staff. Grant expenditures are reviewed at the project and grant level to ensure compliance and appropriate use of funds. ICA completes an annual A 133 audit and has consistently maintained a low risk auditee designation.

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

In addition to HUD funding, ICA supports its HMIS projects through multiple funding sources to ensure annual financial sustainability. ICA secures funding from HMIS participating agencies and other grant programs requiring system access. With limited exceptions, funds from government entities or grantors are allocated as fixed amounts through Memoranda of Understanding (MOUs), while funds from grantees and nonprofit partners are assessed as 1–2% of project budgets based on system usage and federal reporting requirements. ICA submits monthly reimbursement requests for CoC funds with required documentation, and the fiscal team reviews expenditures semi monthly and quarterly to ensure full annual spend down.

ICA also maintains a user fee structure, approved by the continua as part of HMIS policies and procedures, under which agencies are invoiced annually for active user licenses and reporting tool access.

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

ICA is a 501(c)(3) nonprofit organization governed by a Board of Directors and supported by executive leadership, financial management, and front line staff across 14 states. ICA's leadership team includes a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, and eight State Directors. All expenses are reviewed for eligibility by the HMIS Director, Chief Financial Officer, and finance staff. Expenses are coded and entered into ICA's financial system in accordance with the approved Cost Allocation Policy. Monthly Profit and Loss statements are generated and reviewed to identify reimbursable expenses, with all required documentation retained in ICA's billing records. The Grants Manager and HMIS Director meet monthly and maintain ongoing communication throughout the grant period to review spend down, ensure timely expenditures, and monitor progress toward deliverables and funder deadlines.

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

### 3A. Project Detail

1. CoC Number and Name: MN-502 - Rochester/Southeast Minnesota CoC
2. CoC Collaborative Applicant Name: Institute for Community Alliances
3. Project Name: MN HMIS Southeast Expansion FY25
4. Project Status: Standard
5. Component Type: HMIS
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
10. Is this project applying for Rural costs on screen 6A? No
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 HMIS has been utilized by all ten CoCs in Minnesota for over nineteen (19) years and is the data infrastructure for homeless services across the state. Institute for Community Alliances has served as HMIS Lead and state system administrator since 2016.

In 2024, we transitioned HMIS software. This change brings greater customization capacity. Our new HMIS software has increased capability to guide users to collect the right data at the right time. It facilitates complete data collection and helps users quickly correct mistakes.

As of 2025, the HMIS collects and manages data for over 280 homeless and housing agencies with over 1900 end users statewide. Participating agencies utilize HMIS to meet their federal and state data collection and reporting requirements, provide referrals and services to people experiencing homelessness, and track outcomes.

The HMIS is compliant with the HUD data standards, accurately generates federally required reports, and can provide unduplicated client counts.

This expansion project request aims to expand HMIS support in a few ways:

- To add one staff position with software development expertise that is primarily focused on needs of Southeast CoC.
- To keep pace with the ways communities in Southeast CoC look to HMIS to do more - as a dynamic operational tool that exceeds the requirements of HMIS.
- To support the CoC to monitor data quality and performance of funded projects to ensure responsible use of funds. With an expansion, ICA could expand areas of performance monitoring and increase frequency of on-site training support for participating agencies.

**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	60			
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				

Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

### 3C. HMIS Expansion

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

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2025 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MN0058

1b. Eligible Renewal Grant Project Name: MN HMIS Southeast Renewal FY24

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

2. Will this expansion project increase HMIS functionality? Yes

2a. Describe the increased HMIS functionality.

- To support the CoC to monitor data quality and performance of funded projects to ensure responsible use of funds. With an expansion, ICA could expand areas of performance monitoring, for example, tracking the rate of housing referrals accepted by both CoC-funded and mainstream housing or exits to subsidized and nonsubsidized exit destinations.
- To support provider relationships with treatment and recovery organizations, it is possible to utilize HMIS to coordinate and track referrals.
- With the River Valley CoC’s initiative to strengthen for rural outreach and navigation, ICA can build a By Name List for the Continuum or counties within it to their specifications to better coordinate care for specific populations like unsheltered individuals.
- We can build case management solutions in HMIS; this could help us scale these tools to meet the needs of the CoC.

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

4. Will this expansion project increase number of HMIS participating agencies or programs? No

## 4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2025 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The HMIS Governing Board consists of 11 members, including elected HMIS end users, appointed state program representatives, CoC and/or Minnesota Tribal Collaborative representatives, and individuals with lived experience. The Board operates several standing committees.

ICA staff and Board committees annually review and update HMIS bylaws and policies. Governance charter revisions are first reviewed by the Board and then presented at an open annual meeting for stakeholder input, where final votes are taken.

HMIS policies are reviewed annually by a Board subcommittee and HMIS Lead staff. Proposed changes are documented, workshopped, and approved by the subcommittee before being recommended to the full Board. Approved policies are incorporated into mandatory annual recertification training to ensure all users understand and apply updated requirements.

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

The Lead Agency, Local System Administrators, and Partner Agencies are jointly responsible for complying with HMIS privacy policies and procedures. When a privacy standard conflicts with other federal, state, and local laws to which the Partner Agency must adhere, the Partner Agency must contact the Lead Agency to collaboratively update the applicable policies for the Partner Agency to accurately reflect the additional protections. Partner agencies must post a Data Privacy Notice that is maintained by the HMIS Lead that is visible to clients.

Data security is also a joint responsibility. Partner agencies must notify ICA when a user is no longer employed within 24 hours of departure. The HMIS Lead Agency is responsible for ensuring the vendor contract contains a disaster recovery plan.

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

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

The HMIS Lead Agency has a protocol for managing a breach of PII embodies principles of transparency and expedience and is client-centered. If there is a suspected data breach, ICA staff conduct an audit investigation of any related user accounts, consult with legal counsel, as appropriate, and inform the HMIS Governing Board within 14 business days. ICA will also notify clients in writing within 14 days and make reasonable efforts to contact them.

Security protocols include:

Prospective users cannot register for training on their own behalf. Instead, a trusted contact at the individual's agency, like a supervisor or current HMIS user, must submit the form and confirm training completion.

Assigned temporary passwords are randomized and unique. Licenses are locked after 90 days of inactivity.

## 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	01/2026
HMIS Software Training for Sys Admin	01/2026
HMIS Software Training	01/2026
Data Quality Training	01/2026
Security Training	08/2026
Privacy/Ethics Training	08/2026
HMIS PIT Count Training	01/2026
Other (must specify)	

## 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:

HMIS	<input checked="" 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)

## 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>		
<b>2. Software</b>	HMIS development costs	\$8,000
<b>3. Services</b>	travel expenses for on-site training and monitoring at part. agencies	\$3,000
<b>4. Personnel</b>	.90 hours and benefits for staff system administrator position	\$80,000
<b>5. Space &amp; Operations</b>		
<b>Total Annual Assistance Requested:</b>		\$91,000
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$91,000

**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:	\$27,250
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$27,250

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Agency contributions	\$27,250

## Sources of Match Detail

1. **Type of Match commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Agency contributions  
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$27,250

## 6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$0	1 Year	\$0
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$91,000	1 Year	\$91,000
&nbsp;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			\$91,000
10. Admin (Up to 10% of Sub-total in #9)			\$9,000
11. HUD funded Sub-total + Admin. Requested			\$100,000
12. Cash Match (From Screen 6I)			\$27,250
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$27,250
15. Total Project Budget for this grant, including Match			\$127,250

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	501c3 verification	01/26/2026
2) Other Attachment(s)	No	Match Letter	01/26/2026
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** 501c3 verification

## Attachment Details

**Document Description:** Match Letter

## 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:** 01/26/2026

**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.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	01/22/2026
New Project Application FY2025	Page 46
	01/28/2026

<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	01/22/2026
<b>1E. SF-424 Compliance</b>	01/22/2026
<b>1F. SF-424 Declaration</b>	01/22/2026
<b>1G. HUD 2880</b>	01/22/2026
<b>1H. HUD 50070</b>	01/22/2026
<b>1I. Cert. Lobbying</b>	01/22/2026
<b>1J. SF-LLL</b>	01/22/2026
<b>IK. SF-424B</b>	01/22/2026
<b>1L. SF-424D</b>	01/22/2026
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	01/26/2026
<b>3A. Project Detail</b>	01/22/2026
<b>3B. Description</b>	01/26/2026
<b>3C. HMIS Expansion</b>	01/26/2026
<b>4A. HMIS Standards</b>	01/26/2026
<b>4B. HMIS Training</b>	01/26/2026
<b>6A. Funding Request</b>	01/22/2026
<b>6H. HMIS Budget</b>	01/26/2026
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	01/26/2026
<b>6J. Summary Budget</b>	No Input Required
<b>Indirect Cost Information</b>	01/22/2026
<b>7A. Attachment(s)</b>	01/26/2026
<b>7D. Certification</b>	01/22/2026



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

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

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

Dear Sir or Madam:

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

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

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

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

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

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

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

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](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., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

INSTITUTE FOR COMMUNITY ALLIANCES  
2550 UNIVERSITY AVENUE WEST, SUITE 250S  
ST PAUL, MN 55114  
E: MNHMIS@ICALLIANCES.ORG  
W: WWW.HMISMN.ORG



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JANUARY 26, 2026

RE: Matching Fund Letter of Commitment

This letter serves as verification of matching funds commitment for the Minnesota Southeast CoC's Homeless Management Information System (HMIS) FY2024 expansion grant application funded through the U.S Department of Housing and Urban Development's Continuum of Care (CoC) grant program. The matching amount required is \$27,250 and will be used to support the work of the HMIS network in the CoC during the grant period.

As required by the grant application:

1. Grant PIN: unknown; renewal PIN is **MN0058**.
2. The name of the organization guaranteeing the matching funds: **The Institute for Community Alliances (ICA) will be providing the cash resource. This amount will come from Local Agency Contributions. Agency contributions are paid to ICA for HMIS end user license fees and \$27,250 of that amount will be utilized as match.**
3. Amount required for match: \$27,250
4. Name of the Project Sponsor organization to which the cash will be contributed and/or the name of the project; **Institute for Community Alliances/Southeast CoC - Minnesota**

The date funds became/become available: **Agency contributions - local agencies are billed monthly for their user fees, so funds are available on a regular, ongoing basis.**

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

Sincerely,

A handwritten signature in black ink, appearing to read "Britt Heinz-Amborn".

Britt Heinz-Amborn

HMIS DIRECTOR