

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 10/04/2021

**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Institute for Community Alliances

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 42-1352902

	<b>c. Organizational DUNS:</b>	149341732	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1111 9th Street

**Street 2:** Suite 380

**City:** Des Moines

**County:** Polk

**State:** Iowa

**Country:** United States

**Zip / Postal Code:** 50314

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Julie

**Middle Name:** Ann

**Last Name:** Eberbach

**Suffix:**

**Title:** Associate Executive Director

**Organizational Affiliation:** Institute for Community Alliances

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

**Extension:**

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

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

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Wisconsin  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Madison/Dane CoC Coordinated Entry Expansion 2021

**16. Congressional District(s):**

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

**16b. Project:** WI-002  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 05/01/2022

**b. End Date:** 04/30/2023

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** David

**Middle Name:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

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

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

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

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

**Date Signed:** 10/04/2021



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

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

**Prefix:** Mr.

**First Name:** David

**Middle Name:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** Institute for Community Alliances

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

**Extension:**

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

**City:** Des Moines

**County:** Polk

**State:** Iowa

**Country:** United States

**Zip/Postal Code:** 50314

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

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$276,400.00  
 (Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

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

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

**Part III Interested Parties**

You must disclose:

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

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

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

**Certification**

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

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

**I AGREE:**

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

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

**Date Signed:** 10/04/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Institute for Community Alliances

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

## 2. Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying**

X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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

### Authorized Representative

**Prefix:** Mr.

**First Name:** David

**Middle Name:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

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

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

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

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

**Date Signed:** 10/04/2021

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

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

**Applicant's Organization:** Institute for Community Alliances

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

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

**Date Signed:** 10/04/2021

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Institute for Community Alliances

**Street 1:** 1111 9th Street

**Street 2:** Suite 380

**City:** Des Moines

**County:** Polk

**State:** Iowa

**Country:** United States

**Zip / Postal Code:** 50314

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

**I certify that this information is true and complete.**

X



**Authorized Representative**

**Prefix:** Mr.  
**First Name:** David  
**Middle Name:** Alan  
**Last Name:** Discher  
**Suffix:**  
**Title:** Chief Executive Officer  
**Telephone Number:** (515) 246-6643  
**(Format: 123-456-7890)**  
**Fax Number:** (515) 246-6637  
**(Format: 123-456-7890)**  
**Email:** julie.eberbach@icalliances.org  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 10/04/2021

## IK. SF-424B

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

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Institute for Community Alliances  
**Prefix:** Mr.

**First Name:** David

**Middle Name:** Alan

**Last Name:** Discher

**Suffix:**

**Title:** Chief Executive Officer

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

**Date Signed:** 10/04/2021

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$276,400**

Organization	Type	Sub-Award Amount
Urban Triage Incorporated	M. Nonprofit with 501C3 IRS Status	\$276,400

## 2A. Project Subrecipients Detail

**a. Organization Name:** Urban Triage Incorporated

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 84-3297905

	<b>* d. Organizational DUNS:</b>	117725095	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 2312 S Park Street

**Street 2:**

**City:** Madison

**State:** Wisconsin

**Zip Code:** 53713

**f. Congressional District(s):** WI-002  
**(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?** No

**i. Expected Sub-Award Amount:** \$276,400

### j. Contact Person

**Prefix:** Ms.

**First Name:** Brandi

**Middle Name:**

**Last Name:** Grayson

**Suffix:**

**Title:** Executive Director

**E-mail Address:** bgrayson@urbantrriage.org

**Confirm E-mail Address:** bgrayson@urbantrriage.org

**Phone Number:** 608-520-0741

**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 is a 501c3 non-profit organization specializing in HMIS Lead and System Administration headquartered in Des Moines, Iowa. ICA has been involved in HMIS lead and administration projects and since the start in 2001. ICA currently provides HMIS lead services across 28 HUD CoC in 9 states. ICA presently manages 27 HUD CoC HMIS grants (including 5 expansion grants) totaling more than \$3 million in support of this work. ICA has a 6 person management team with a combined 60 plus years of experience administering HUD CoC grants, including general fiscal management and staff supervision. ICA management team is geographically dispersed throughout its service delivery area, with management operating in four states. ICA has been the Coordinated Entry lead agency in the Dane CoC since 2018.

Urban Triage has been providing financial management and reporting of current federal funds through the City of Madison since December of 2020 by way of our Unhoused Neighbors Initiative, Rental Support, and currently through Dane CORE 2.0. Urban Triage has also been responsible for reporting on behalf of members of DCCBSP. Urban Triage has been and is responsible for understanding "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards." Currently, we've contracted with Neighborly Software in partnership with the city of Madison and Dane County Human Services to ensure accurate reporting of over \$20,000,000 in federal funds. Urban Triage is new to the housing arena from a governance perspective but we're not new to serving unhoused neighbors. We've been providing homeless outreach services since 11/2020 by way of Federal funding through the city of Madison.

In June 2021, Urban Triage (UT) was trusted to allocate \$10.3 million in rental arrears, security deposits, and utility payments. Not only that, Urban Triage was entrusted with the task of developing and implementing a rental program that is human-centered and serves the people it was designed to serve. \$1.6 million was allocated to UT to cover the cost of standing up the program. UT doesn't have years of experience, however, we do have the trust of our community as well as the City of Madison and Dane County Human Services. We are an organization founded and grounded in integrity. Creating trust and desire within our community, organizations, and municipalities to work with us.

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

A recipient of more than \$3 million in HUD grants, ICA supports numerous HMIS and CE projects with diverse funding streams in order to make each project financially sustainable on a yearly basis. Most 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 MOU. Grant funds that are received from grantees and other non-profit organizations specifically for a project are based on a percentage allocation. Examples of how federal funded programs are leveraged for financial support include ESG, SSVF, and PATH. ICA implements a user fee structure for HMIS where agencies are invoiced annually for user licenses assigned and in use by their respective end-users.

All federal funding over the last year has come to Urban Triage from the City of Madison (\$700,000 approximately: Unhoused Neighbors and rental support services) and Dane County Human Services (\$12.7 million dollars in rental support). The first-year UT operation budget was \$1.3 million dollars. Of which 90% were from the private sector and 10% from the City of Madison. Our 2nd year operating budget (2021) is \$1.8 million. Of which 25% came from the City of Madison, 20% came from Dane County Human Services and 40% from donations, and 15% from grants. Our experience with leveraging Federal funds is directly connected to crisis response. Urban Triage is known as an action-based organization. Meaning, we're considered experts in our community for developing and implementing dynamic programming to meet the needs of our community with ease, effectiveness, and efficiency.

**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. ICA also employees a consulting accountant on a part time basis to provide an independent reconciliation of accounts and to verify other financial tasks performed by ICA staff. The consulting accountant also meets with management monthly to jointly review grant expenditures and address any issues or concerns. ICA uses industry standard Quickbooks for financial management and undergoes an independent A133 audit annually, which ICA has maintained a "low risk" auditee designation for many years.

Urban Triage employs a full-time accountant who reconciles all transactions and entries by way of Quickbooks. We use bill.com for all recurring transactions. We also contract out to Numbers 4 Non-profit who checks monthly to ensure our numbers add up and make sense. Every transaction requires a receipt, which is added to QuickBooks for reference. We also manage all cash flow through QuickBooks. Each program has its own credit card to limit confusion. All programming supplies/materials costs must be purchased with a program credit card. We contract out to QTI for payroll and HR services to ensure we're compliant with state and federal laws and withholdings. Our Operations Director, CEO, and Program Managers are responsible for understanding budgets, program needs, and cost along with the terminology that goes along with it.

We budget for all programming and mission costs while guaranteeing all staff understand the real cost of programs, particularly those they manage. At this time we have \$400,000 in Operating Reserves. As indicated previously, a

significant amount of our funding comes through the private sector, including private grants and donations, thus diversifying our funding structure. We ensure our work and programs align with our core mission and that within our budget we include self-care and incentives for our staff who are on the front line, decreasing turnover and burn-out. We have also put checks and balances in place to establish accountability, transparency, and financial integrity.

**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:** WI-503 - Madison/Dane County CoC

**2. CoC Collaborative Applicant Name:** City of Madison

**3. Project Name:** Madison/Dane CoC Coordinated Entry Expansion 2021

**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

### **3B. Project Description**

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

Urban Triage will expand our Unhoused Neighbors Initiative (people experiencing homelessness) through the city of Madison. Our team of Outreach Specialists go into the community 3 times a week to locate, identify, and build relationships with those who are experiencing homelessness and/or housing insecurity and help guide them through the housing process. We do this by way of pop-ups at libraries, parks, apartment complexes; door-knocking; partnerships with landlords; and by providing fliers at local hair salons, community centers, food pantries, nonprofits, churches, barbershops, and restaurants.

We'll employ a team of two full-time CE Support Specialists, a Program Manager, and a part-time Program Coordinator. The CE Support Specialists will actively work with local service providers to identify and engage community members who are chronically homeless and assist them with obtaining the required documents for permanent housing. They will also perform required assessments (VI-SPDAT). We'll enroll individuals and households identified as those in our community with the greatest housing and service needs. This includes individuals and households that have been sleeping in Emergency Shelter, outside, or in a vehicle, and have experienced long-term homelessness.

Our program will be designed to employ community members who themselves have experienced homelessness. We will serve 120 unhoused community members.

Our specialists will meet immediate needs, perform assessments, provide follow-up/case management and connect community members with homeless support programs, certified Psychotherapists, and/or mainstream social services and housing programs. They'll also provide support through the housing process. Urban Triage has developed partnerships among different groups, including public health, community organizations, education, government, business, and civil society, to serve our target populations holistically.

We engage the whole community in our work; this includes increasing the accessibility of resources and support through a streamlined process that identifies and matches needs across multiple services through the Dane County Collaboration of Black Service Providers (DCCBSP) and the Dane County Homeless Services Consortium. DCCBSP allows us to expand our capacity, networks, reach, and services. The collaboration and partnerships with organizations such as the YWCA, Urban League of Greater Madison, Just Dane (formerly MUM), Anesis, Madison Metropolitan School District, and others to ensure that the most impacted and forgotten can access support from multiple agencies efficiently.

**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	30			
Begin program participant enrollment	75			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	75			
Leased or rental assistance units or structure, and supportive services near 100% capacity	0			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

**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 type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input 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 CE System will use multiple access points. Information about access points will be provided to potential participants via food pantries, health clinics, mental health providers, schools, and law enforcement. Information will also be provided through the county job center and 2-1-1, and will also be available on the Dane CoC website.

Street outreach workers will connect participants living in places not meant for habitation to the CE System.

Advertisement materials will be available in English, Spanish and Hmong. The CE System will utilize a language access phone line to ensure that all participants are able to receive assistance through CE.

In addition to the advertisement coordinated by ICA, Urban Triage will employ the 6AM marketing firm to provide geofencing, digital ads, radio ads, newspaper ads, as well as bus wraps and/or billboards. We'll continue to do community marketing by way of pop-ups and flyering at local hair salons, community centers, food pantries, nonprofits, churches, barbershops, restaurants, laundromats, and other areas folks experiencing homelessness are likely to inhabit. We'll also continue to engage folks by being present, meeting their immediate needs, and developing interpersonal relationships. This will lead folks experiencing homelessness to make direct referrals to us because of the trust we cultivated and developed.

**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.**

The referral process will be conducted through HMIS. Staff at each access point will make referrals to the housing priority list, and staff at permanent housing agencies will accept referrals from the priority list. The CE manager will oversee the referral process, making sure the access points make referrals for homeless participants and that housing agencies are taking referrals off the list. The CE manager will also direct the CE case managers to follow-up with participants on the priority list to determine if the participants are still in need of housing and need to remain the priority list.

The CE System will also utilize bi-weekly housing placement meetings to prioritize participants. There will be separate meetings for single adults and households with children. These meetings will be managed by the CE System Manager. Housing placement meetings will provide case workers an opportunity to provide additional information needed for housing prioritization.

**4f. If the coordinated entry process includes differences in access, entry, assessment, or** Yes

**referral for certain subpopulations, are those differences limited only to the following groups:**

- (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?

**4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?** Yes



### 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 2021 upon which this project proposes to expand.**

**1a. Eligible Renewal Grant PIN:** WI0211

**1b. Eligible Renewal Grant Project Name:** Madison/Dane CoC Coordinated Entry

**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, 2023?** Yes

**1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.**

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

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

**4. Select a grant term:** 1 Year

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

**Supportive Services**

**HMIS**

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



## 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		
2. Assistance with Moving Costs		
3. Case Management	2.0 FTE CE support specialists salary, wage, fringe, 1 FTE program manager salary, wage, fringe, .5 FTE program coordinator salary, wage, fringe	\$210,000
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	supplies, materials, PPE, marketing	\$51,000
<b>Total Annual Assistance Requested</b>		<b>\$261,000</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$261,000</b>

**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:	\$40,000
Total Amount of In-Kind Commitments:	\$29,100
Total Amount of All Commitments:	\$69,100

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

**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
Cash	Private	Donations	\$40,000
In-Kind	Private	Agency Volunteer ...	\$29,100

## Sources of Match Detail

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

**2. Source:** Private

**3. Name of Source:** Donations

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$40,000

## Sources of Match Detail

**1. Type of Match commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Agency Volunteer Time

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$29,100

**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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$261,000	1 Year	\$261,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$261,000
8. Admin (Up to 10%)			\$15,400
9. Total Assistance Plus Admin Requested			\$276,400
10. Cash Match			\$40,000
11. In-Kind Match			\$29,100
12. Total Match			\$69,100
13. Total Budget			\$345,500

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Urban Triage 501c3	10/04/2021
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Urban Triage 501c3

## **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

### **A. For all projects: Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

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

**Date:** 10/04/2021

**Title:** Chief Executive Officer

**Applicant Organization:** Institute for Community Alliances

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

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

X

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

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

## 8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
New Project Application FY2021	Page 46 10/05/2021

<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/01/2021
<b>1E. SF-424 Compliance</b>	10/01/2021
<b>1F. SF-424 Declaration</b>	10/01/2021
<b>1G. HUD 2880</b>	10/01/2021
<b>1H. HUD 50070</b>	10/01/2021
<b>1I. Cert. Lobbying</b>	10/01/2021
<b>1J. SF-LLL</b>	10/01/2021
<b>IK. SF-424B</b>	10/01/2021
<b>1L. SF-424D</b>	10/01/2021
<b>2A. Subrecipients</b>	10/04/2021
<b>2B. Experience</b>	10/04/2021
<b>3A. Project Detail</b>	10/01/2021
<b>3B. Description</b>	10/04/2021
<b>3C. Expansion</b>	10/01/2021
<b>6A. Funding Request</b>	10/01/2021
<b>6F. Supp Srvcs Budget</b>	10/04/2021
<b>6I. Match</b>	10/04/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/04/2021
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	10/04/2021

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 18 2020**

URBAN TRIAGE INCORPORATED  
2210 NORTH RUSK AVE  
MADISON, WI 53713

Employer Identification Number:  
84-3297905  
DLN:  
29053017327010  
Contact Person:  
NAVINESH R MISHRA ID# 94001  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 12, 2019  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947