

## 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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- 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 2019 CoC Program Competition NOFA.

## 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:** 08/26/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

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

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

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

**Street 1:** 1111 9th Street

**Street 2:** Suite 380

**City:** Des Moines

**County:** Polk

**State:** Iowa

**Country:** United States

**Zip / Postal Code:** 50314

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Julie

**Middle Name:** Ann

**Last Name:** Eberbach

**Suffix:**

**Title:** Associate Executive Director

**Organizational Affiliation:** Institute for Community Alliances

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

**Extension:**  
**Fax Number:** (515) 246-6637  
**Email:** [julie.eberbach@icalliances.org](mailto:julie.eberbach@icalliances.org)

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-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 HMIS Expansion 2019

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

**a. 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

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

**17. Proposed Project**

**a. Start Date:** 10/01/2020  
**b. End Date:** 09/30/2021

**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:** 08/26/2019



# 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:** \$45,582.00

(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:** 08/26/2019

# 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
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**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: 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)

**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:** 08/26/2019

## **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:** 08/26/2019

# 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:** 08/26/2019

## 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 the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

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 activities since the inception of HMIS in 2001. ICA has functioned in this role for the Iowa statewide implementation from its inception in 2001 and has been the HMIS lead in Omaha, Nebraska since 2006. In 2014, ICA became the HMIS lead agency and system administrator for the Wisconsin statewide HMIS, as well as the Missouri Balance of State CoC multi-jurisdictional implementation. At present time, ICA provides HMIS lead services in 13 states, encompassing 33 HUD defined Continua of Care. ICA presently manages numerous HUD CoC HMIS grants that are renewed annually. The HUD HMIS grants awarded annually to ICA total more than \$3.2 million.

ICA has an eight person management team with a combined 70 plus years of experience administering HUD CoC grants, including general fiscal management and staff supervision. The ICA management team is geographically dispersed throughout its service delivery area, with management operating in Des Moines, IA, Jefferson City, MO, Omaha, NE, and Madison, WI. The ICA executive assistant/grant manager operates from its headquarters in Des Moines, IA, and works with the management team on a daily basis to track project revenues and expenditures. Budgets and bookkeeping for each of the four major HMIS implementations are tracked separately, with commingling of funds from each project strictly prohibited.

ICA has established itself as a performance leader in HMIS services. ICA believes in the value of data to inform program development and improved clients' services/outcomes. Our staff ensure that accurate data is entered into the system and, as importantly, accurate and useful reports are generated from the system for agency, local community and CoC use.

### **2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

In addition to receiving more than \$3.2 million in HUD grants, ICA supports its numerous HMIS projects with diverse funding streams in order to make each project financially sustainable on a yearly basis. ICA secures funds from organizations that use HMIS as well as other grant programs that are required to access the system. With certain exceptions, funds that are provided to ICA directly from a grantor or unit of government are allocated based on a set dollar amount and formalized through a Memorandum of Understanding (MOU) or a contract. Grant funds that are received from grantees and other non-profit

organizations specifically for a project are based on a percentage allocation, either 1%, 1.5%, or 2%, depending upon the volume of system usage by that grant program and the frequency of federal reporting required by the grantee.

Some examples of how federal funded programs are leveraged for financial support include:

Emergency Solutions Grant (ESG) – ICA receives ESG funds through multiple sources. Entitlement jurisdictions that receive ESG funds at present time pay a set percentage or a fixed dollar amount, varied by state or local government.

Housing Opportunities for Persons with AIDS (HOPWA) – HOPWA funds are received from the HOPWA grant administrators to support the use of the system.

VA Supportive Services for Veterans and Families (SSVF) – ICA receives funding from SSVF grantees in an amount equivalent to 1% or 2% of their total annual award.

SAMHSA Projects for the Assistance in the Transition from Homelessness (PATH) – In Iowa, the state department that receives and administers PATH funds allocates a set dollar amount on an annual basis for HMIS support. In Wisconsin, Missouri, and Vermont, the PATH grantees have a dedicated line item for HMIS support and are subsequently billed by ICA on a quarterly basis for those funds.

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

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

ICA is 501c3 private, not for profit organization with a Board of Directors, management staff, onsite financial manager, and front line staff across 13 states. ICA has a Management team comprised of the Chief Executive Officer, Executive Director, Associate Executive Director, and State Directors. ICA also employs a consulting accountant on a part time basis to provide an independent reconciliation of accounts and to verify other financial tasks performed by ICA staff. The consulting accountant also meets with the management team 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.

ICA works in coordination with the CoC, its member agencies, funders, and other key stakeholders at all times to ensure that all HMIS lead obligations are completed to the highest possible standards. ICA staff are involved directly and indirectly with CoC board of directors, sub-committees, and many planning committees throughout its service delivery area. ICA staff often hold leadership positions in these groups.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No

### 3A. Project Detail

**1a. CoC Number and Name:** WI-503 - Madison/Dane County CoC

**1b. CoC Collaborative Applicant Name:** City of Madison

**2. Project Name:** Madison/Dane HMIS Expansion 2019

**3. Project Status:** Standard

**4. Component Type:** HMIS

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

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

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

This HMIS Expansion will expand the use of HMIS reporting and project analysis throughout the CoC. These funds will be used to increase HMIS staff in Madison/Dane CoC from 0.5 FTE to 1 FTE. The Madison/Dane HMIS staff will provide training and technical assistance related to reporting. This project will ensure the CoC has an operational HMIS for reporting and evaluation purposes that meets all of the federal data and technical standards. The project will cover the following concepts:

Technical Assistance – ICA strives to have an initial response time within two hours to ensure accurate understanding of the issue. If an immediate solution cannot be provided, the system administrator will inform the agency of the steps that will be taken to address the issue and provide regular updates to that agency as progress is made.

CoC Performance - ICA provides oversight and actively manages the collection and reporting of all HUD report formats. This includes planning for and the implementation of data collection and reporting for the HEARTH performance outcomes. These tasks are done in coordination with CoC leadership. Many of these reports are run on a monthly or quarterly basis to monitor data completeness and performance throughout the year.

Point in Time - ICA staff review PIT data accuracy and follows up with agencies. Once all data collection and validation is completed, the data is submitted to HUD’s Homeless Data Exchange (HDX) for the PIT count and the Housing Inventory Chart (HIC). In addition, a final PIT report is provided to the CoC. ICA also takes an active role to support the unsheltered counts across all CoCs and includes that data with the HDX submission.

Data Analysis/Reporting – Project specific, Agency, and CoC level system performance measures are critical to show success of investments in strategies to reduce the number, frequency and duration of homeless episodes in the CoC. Once fully staffed, ICA will provide reports that allow agencies to monitor their progress toward annual goals of the CoC, including system performance measures. Additionally, reports will be available for the CoC to determine progress on system goals developed locally, and performance goals established by HUD. ICA staff possess an in-depth understanding of the system-generated reports for federal funders, including the HUD Annual Performance Report (APR), the HOPWA APR and Consolidated Annual Performance and Evaluation Report (CAPER), the VA Supportive Services for Veterans and Families (SSVF) Data Quality Report, the Emergency Solutions Grant (ESG) CAPER, and the Projects for the Assistance in the Transition from Homelessness (PATH) report.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the**

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**following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and 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?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes



### 3C. HMIS Expansion

**1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** Yes

**Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.**

**1a. Eligible Renewal Grant PIN Number:** WI0180

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

**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 functionality.**

This funding will allow ICA to devote additional resources to implementing enhanced or customized system functions or innovations that will improve efficiencies, workflow, data quality, performance, or outcomes and encourage the use of HMIS as a tool to prevent and end homelessness.

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

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

## 4A. HMIS Standards

**1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards?** Yes

**1b. If no, explain why and the planned steps for compliance. Max. 500 characters**

**2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).** Yes

**2b. If no, explain why and the planned steps for compliance. Max. 500 characters.**

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

**3b. If No, explain why and the planned steps for compliance. Max. 500 characters.**

**4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?** Yes

**5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?** Yes

**6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?** No

- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?** Yes
  
- 8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)** Yes
  - a. How long does it take to remove access rights to former HMIS users?** Within 24 hours

## 4B. HMIS Training

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

&nbsp;Activity	&nbsp;Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	08/2019
HMIS Software Training for Sys Admin	08/2019
HMIS Software Training	08/2019
Data Quality Training	08/2019
Security Training	08/2019
Privacy/Ethics Training	08/2019
HMIS PIT Count Training	01/2020
Other (must specify)	

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** CoC Bonus

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

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

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	.5 FTE Technical Support and Training	\$40,500
5. Space & Operations	Office rent, Supplies, phone, insurance	\$2,100
<b>Total Annual Assistance Requested:</b>		\$42,600
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$42,600

**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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.**

### Summary for Match

Total Value of Cash Commitments:	\$11,400
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,400

**1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**      No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Agency Participat...	08/26/2019	\$11,400

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Agency Participation Fees  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/26/2019
- 6. Value of Written Commitment:** \$11,400



## 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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$0	1 Year	\$0
<b>4. Supportive Services</b>	\$0	1 Year	\$0
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$42,600	1 Year	\$42,600
<b>7. Sub-total Costs Requested</b>			\$42,600
<b>8. Admin (Up to 10%)</b>			\$2,982
<b>9. Total Assistance Plus Admin Requested</b>			\$45,582
<b>10. Cash Match</b>			\$11,400
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$11,400
<b>13. Total Budget</b>			\$56,982

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	HUD Form 50070	08/26/2019
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HUD Form 50070

## **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:** 08/26/2019

**Title:** Chief Executive Officer

**Applicant Organization:** Institute for Community Alliances

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

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

X

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

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

## 8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/26/2019
1E. SF-424 Compliance	08/26/2019
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<b>1F. SF-424 Declaration</b>	08/26/2019
<b>1G. HUD 2880</b>	08/26/2019
<b>1H. HUD 50070</b>	08/26/2019
<b>1I. Cert. Lobbying</b>	08/26/2019
<b>1J. SF-LLL</b>	08/26/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/26/2019
<b>3A. Project Detail</b>	08/26/2019
<b>3B. Description</b>	08/26/2019
<b>3C. HMIS Expansion</b>	08/26/2019
<b>4A. HMIS Standards</b>	08/26/2019
<b>4B. HMIS Training</b>	08/26/2019
<b>6A. Funding Request</b>	08/26/2019
<b>6H. HMIS Budget</b>	08/26/2019
<b>6I. Match</b>	08/26/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/26/2019
<b>7D. Certification</b>	08/26/2019