

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2017 CoC Program grant competition.
- 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 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2017 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2017 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/22/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Des Moines

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 42-6004514

<b>c. Organizational DUNS:</b>	073498909	PLUS 4	
--------------------------------	-----------	--------	--

### d. Address

**Street 1:** 602 Robert D. Ray Drive

**Street 2:**

**City:** Des Moines

**County:** Polk

**State:** Iowa

**Country:** United States

**Zip / Postal Code:** 50309

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mr.

**First Name:** Chris

**Middle Name:**

**Last Name:** Johansen

**Suffix:**

**Title:** Deputy Director Community Development Dept.

**Organizational Affiliation:** City of Des Moines

**Telephone Number:** (515) 323-8916

**Extension:**

**Fax Number:** (515) 237-1687

**Email:** CMJohansen@dmgov.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township Government

**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-6100-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):** Iowa  
**(for multiple selections hold CTRL+Key)**

**15. Descriptive Title of Applicant's Project:** IA-502 CoC Planning Project 2017

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

**a. Applicant:** IA-003  
**b. Project:** IA-003  
**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 03/01/2018  
**b. End Date:** 04/30/2019

**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:** Scott

**Middle Name:**

**Last Name:** Sanders

**Suffix:**

**Title:** City Manager

**Telephone Number:** (515) 283-4106  
**(Format: 123-456-7890)**

**Fax Number:** (515) 283-4523  
**(Format: 123-456-7890)**

**Email:** SESanders@dmgov.org

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

**Date Signed:** 09/22/2017



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

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

**Agency Legal Name:** City of Des Moines

**Prefix:** Mr.

**First Name:** Scott

**Middle Name:**

**Last Name:** Sanders

**Suffix:**

**Title:** City Manager

**Organizational Affiliation:** City of Des Moines

**Telephone Number:** (515) 283-4106

**Extension:**

**Email:** SESanders@dmgov.org

**City:** Des Moines

**County:** Polk

**State:** Iowa

**Country:** United States

**Zip/Postal Code:** 50309

**2. Employer ID Number (EIN):** 42-6004514

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

**4. Amount of HUD Assistance Requested/Received:** \$100,070

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** IA-502 CoC Planning Project 2017 602 Robert D. Ray Drive Des Moines Iowa

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
Community Development Department/City of Des Moines 602 Robert D. Ray Drive	Continuum of Care Funds	\$3,635,871.00	Rental Assistance/HMIS System/Planning Grant/Supportive Services

**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 (%)
Anawim Housing, Inc	42-1310967	Supportive Rental Assistance	\$2,173,229.00	60%
Iowa Homeless Youth Center (IHYC)	42-1051609	Transitional Housing/Rapid Rehousing	\$451,935.00	12%
Iowa Institute for Community Alliances	42-1078280	HMIS Reporting System	\$108,419.00	3%
Primary Health Care Inc.	42-1350092	Rental Assistance/Supportive Services	\$597,842.00	16%
Polk County Health Services	42-1063074	Planning Grant	\$100,070.00	3%

**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 this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Scott Sanders, City Manager

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

**Date Signed:** 09/01/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Des Moines

**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 Federal agency 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;	

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

X

**accurate.**

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Scott

**Middle Name**

**Last Name:** Sanders

**Suffix:**

**Title:** City Manager

**Telephone Number:** (515) 283-4106  
**(Format: 123-456-7890)**

**Fax Number:** (515) 283-4523  
**(Format: 123-456-7890)**

**Email:** SESanders@dmgov.org

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

**Date Signed:** 09/22/2017

## **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
---

**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:** City of Des Moines

**Name / Title of Authorized Official:** Scott Sanders, City Manager

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

**Date Signed:** 09/22/2017

# 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:** City of Des Moines  
**Street 1:** 602 Robert D. Ray Drive  
**Street 2:**  
**City:** Des Moines  
**County:** Polk  
**State:** Iowa  
**Country:** United States  
**Zip / Postal Code:** 50309

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

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Mr.

**First Name:** Scott

**Middle Name:**

**Last Name:** Sanders

**Suffix:**

**Title:** City Manager

**Telephone Number:** (515) 283-4106  
**(Format: 123-456-7890)**

**Fax Number:** (515) 283-4523  
**(Format: 123-456-7890)**

**Email:** SESanders@dmgov.org

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

**Date Signed:** 09/22/2017

## 2A. Project Detail

- 1a. CoC Number and Name:** IA-502 - Des Moines/Polk County CoC  
**1b. Collaborative Applicant Name:** City of Des Moines
- 2. Project Name:** IA-502 CoC Planning Project 2017
- 3. Component Type:** CoC Planning Project Application

## 2B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

The Polk County Continuum of Care Board (PCCoCB) is the body designated to establish and implement strategic planning for the community goal of ending homelessness. The requested HUD Planning Grant funds will greatly enhance the PCCoCB's efforts to fully implement its strategic plan. Funds will support the work of staff and provide technical assistance to coordinate the continuum of care activities, analyze and interpret data allowing our community to address our gaps, use our evaluation process to evaluate federal and local projects to meet desired outcomes, and formalize reporting tools with our HMIS lead.

More specifically, funds will facilitate project evaluation and our capacity to continually assess and improve our centralized intake program. It will enhance the PCCoCB's efforts to engage a broader representation of the community by creating community awareness, expanding resources, and developing a more diverse constituency for ending homelessness. This planning will facilitate efforts to develop a network of overarching services and thus meet our strategic goals and HUD Continuum of Care responsibilities as specified in CoC Program Interim Rules and community objectives. The Planning Grant will enhance our ability to bridge and connect all community resources toward the goal of ending homelessness.

In addition, in the upcoming year, the PCCoCB will engage in system level planning essential to execute our strategic plan by allocating community resources to programs that are effectively reducing homelessness, expanding community partnerships to enhance our program outcomes, identifying housing resources to reduce homelessness, and managing a centralized intake system so that our community can make data-driven decisions to effect change in our homeless population.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

During 2016 PCCoCB standing committees were assigned specific responsibilities to guide the PCCoCB in carrying out the strategic plan and to ensure effective management and completion of all work. Below is a review of the items these committees are focusing on:

- Integrated Grant Committee: project evaluation and improvement of CoC and ESG funding programs; identify additional projects for 2017; project improvement towards goals and placement;
- Housing Committee: focus on development of strategies to maintain units, increase landlord engagement, and develop new affordable units, allowing placement of individuals throughout our community and enhancement their housing stability;
- Coordinated Services Committee: focus on continuous improvement of the

centralized intake process to ensure that it is functional and efficient; complete the centralized intake assessment; assesses how to enhance other community-wide activities to contribute to better coordination of our system-wide processes; and assesses whether services are being coordinated throughout our service area; and point in time for winter and summer;

- Provider Advisory Council: focus on effective coordination of community-wide homelessness initiatives and housing advocacy and point in time count for winter and summer;
- Finance Committee: review spending compliance to our budget; monitor other financial obligations, and long term funding solutions;
- Performance Committee: focus on measuring performance against the HUD definition of a high performing CoC, goals related to ensuring that everyone in Polk County has a safe place to call home, and providing guidance and assessment of our community progress towards meeting these goals.

Throughout the year, extant task forces and work teams will continue and new teams will be established to ensure that strategic goals are being addressed. For instance, the Centralized Intake Work Team will continue to meet monthly and implement goals of continuous improvement and complete the assessment. A new group is meeting to discuss hospital discharge and dumping from hospitals to shelters.

**3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The planning funds will provide staff and contracted staff who will work closely with the Institute for Community Alliances (ICA), our Homeless Management Information System (HMIS) lead, and City of Des Moines (City) to utilize the developed Performance Management Plan to provide a report of system-wide CoC and Emergency Solutions Grant (ESG) program performance indicators and progress to our goals.

The PCCoCB Grant Committee will conduct program evaluations in preparation for the 'Letter of Interest' and the 2018 CoC funding cycle. This will provide program evaluation for our committee to assess program performance and progress to our goals. The Performance Measures Committee will review and provide monthly HMIS reports of CoC, ESG and system-wide performance, allowing our community to make data-driven decisions. This consistent tracking and assessment of activities is critical in evaluating progress toward meeting community goals.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

The CoCB strategic plan includes "Ongoing" and/or "Future forward" activities for each of the goals. The purpose of these activities is to ensure the sustainability of the planning and the work that is done to reduce and end homelessness. These forward-focused activities will ensure that financial assistance from HUD and from other sources, is expended with the maximum potential for continued planning and development.

In addition the work of the standing committees is designed to produce stable structures that will sustain future work to end homelessness. As the committees and teams continue to monitor and analyze HMIS indicators, program activities will refine interventions, procedures and practices as our system evolves and improves.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Mayor's Challenge to End Veterans Homelessness Work Team	Develop and implement strategies to end veteran homelessness within 2015; through our Homeless Management Information System (HMIS) and outreach teams, identify homeless veterans, identify and develop housing resources, facilitate service and housing placements, monitor and evaluate progress; facilitate case plan to get each homeless veteran housed in 30 days or less.	Monthly	Polk County Housing Trust Fund, Hope Ministries, YMCA, JOPPA, House of Mercy, local HUD Field Office, City of Des Moines, Institute for Community Alliances, Primary Health Care, Veterans Affairs team, CoCB staff
Centralized Intake Work Team	Design the coordinated system of assessment, referral and housing placement; develop and regularly update written procedures and policies; implement Polk County Continuum of Care Board (CoCB) policies for prioritizing community homeless resources; develop curricula for training of service/housing professional providers; develop and implement policy for victims of domestic violence.	Monthly	Primary Health Care, Institute for Community Alliances, Family Promise, CoCB Staff
Integrated Grant committee	Establish an integrated process to plan for community allocation of federal ESG & CoC funds; conduct annual CoC and ESG evaluation; recommend funding priorities; design and implement a local competitive RFP process. Oversee implementation of the CoC NOFA and manage the collaborative projects application; set and implement reallocation policy and annual objectives within the HUD NOFA parameters.	Monthly	Greater Des Moines Community Foundation, Nationwide Insurance, City of Des Moines, Polk County Health Services, United Way of Central Iowa, Telligen Foundation, CoCB staff
Performance Measurement Committee	Establish the CoC, ESG, and communitywide performance targets that will achieve the CoC goals of ending homelessness in accordance with the strategic plan; working in partnership with HMIS, create tools to monitor and track indicators of progress, and evaluate activities and tactics; develop strategies to effectively conduct, support and participate in the semi-annual point in time count; develop standards for project performance; establish peer to peer TA resources, and policy for poor performers.	Monthly	House of Mercy, Anawim Housing, Central Iowa Shelter & Services, Institute for Community Alliances, United Way of Central Iowa, City of Des Moines, Primary Health Care, Beacon of Life, Hope Ministries/Bethel Mission, AmeriHealth Caritas, CoCB Staff

Provider Advisory	Independently, or in response to CoCB requests, provides consultation and input to the CoCB on planning, policies, strategies and initiatives to reduce/end homelessness; provides a forum for effective communication among its members on topics and issues related to the work of member agencies, and for raising emerging issues or challenges facing homelessness and affordable housing.	Monthly	Polk County Housing Continuum Directors: Directors, and/or administrators of agencies that provide affordable housing, emergency shelter, transitional housing and supportive service to reduce and prevent homelessness
-------------------	---	---------	--



## 4A. 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:	\$0
Total Value of In-Kind Commitments:	\$25,018
Total Value of All Commitments:	\$25,018

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? 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.**

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Polk County Health...	09/11/2017	\$25,018

## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Polk County Health Services  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 09/11/2017
- 6. Value of Written Commitment:** \$25,018

**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.**

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

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

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

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	Coordinate 100+ stakeholders in planning for the CoCB and goals of ending homelessness coordinating and operating the following: accomplished by monthly mtgs of CoCB members, published agendas monthly mtgs; 12 total committees with 10 happening monthly, and work teams of 5-15 stakeholders each; governance charter review; facilitate two semi-annual full CoC membership mtgs. This will include work from CoCB staff, including fringe benefits, and additional work by contract workers.	\$25,000
<b>2. Project Evaluation</b>	Weekly meetings of CoC, HMIS, and City staff for data, monitoring tools and process to evaluate strategies, projects and system outcomes; engage stakeholders in improvement goals; monitor 7 ESG projects, 14 CoC projects, and centralized intake activities; conduct evaluation outcomes of ESG, CoC projects and centralized intake; complete and submit the centralized intake assessment; review and set policy and criteria for minimum project performance. This will include work from CoCB staff, including fringe benefits, and additional work by contract workers.	\$20,000
<b>3. Project Monitoring Activities</b>	Coordinate the monitoring process for ESG and CoC funded programs to ensure compliance with both federal and local performance objectives and measures; accomplished through monitoring programs and assessing how the program is assisting the community in reaching our goals.	\$10,000
<b>4. Participation in the Consolidated Plan</b>	Complete all CoC assigned responsibilities to meet City of Des Moines' requirements for the Consolidated Plan to maintain compliance with federal regulations, including written standards for ESG assistance and CoC, performance standards and project performance targets, and written policies and procedures for the coordinated assessment system.	\$8,374
<b>5. CoC Application Activities</b>	Coordinate a collaborative application in compliance with the CoC NOFA; facilitate joint planning with CoC-projects and applications; implement a Letter of Interest process; engage stakeholders in setting funding priorities, leveraging community funds, evaluating strategies in meeting CoC objectives; establish funding priorities; issue community request for proposals. This will include work from CoCB staff, including fringe benefits, and additional work by contract workers.	\$24,500
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>	Review and update the written procedures and policies that govern the centralized intake system; complete the centralized intake assessment review; using HMIS data, monitor and evaluate centralized intake process in meeting objectives; drive greater participation in the unsheltered PIT; execute MOU's with principle organizations providing service and housing; evaluate housing placements and compliance in meeting community prioritization policies.	\$12,196
<b>8. HUD Compliance Activities</b>		

<b>Total Costs Requested</b>		\$100,070
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$25,018
<b>Total Match</b>		\$25,018
<b>Total Budget</b>		\$125,088

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match with PCHS S...	09/19/2017
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:** Match with PCHS Sept 2017

## Attachment Details

**Document Description:**

## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match with PCHS S...	09/19/2017

## Attachment Details

**Document Description:** Match with PCHS Sept 2017



## 5B. 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 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.**

For 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 provided.

**C. For Rental Assistance Only.**

**Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

**D. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

**Name of Authorized Certifying Official:** Scott Sanders

**Date:** 09/22/2017

**Title:** City Manager

**Applicant Organization:** City of Des Moines

**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 statements or claims may subject me to**

X

**criminal, civil, or administrative penalties .**   
**(U.S. Code, Title 218, Section 1001).**

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/19/2017
<b>1E. SF-424 Compliance</b>	08/11/2017
<b>1F. SF-424 Declaration</b>	08/11/2017
<b>1G. HUD 2880</b>	09/01/2017
<b>1H. HUD 50070</b>	08/11/2017
<b>1I. Cert. Lobbying</b>	08/11/2017
<b>1J. SF-LLL</b>	08/11/2017

<b>2A. Project Detail</b>	08/11/2017
<b>2B. Description</b>	09/22/2017
<b>3A. Governance and Operations</b>	09/01/2017
<b>3B. Committees</b>	09/01/2017
<b>4A. Match</b>	09/19/2017
<b>4B. Funding Request</b>	09/22/2017
<b>5A. Attachment(s)</b>	09/19/2017
<b>5A. In-Kind MOU Attachment</b>	09/19/2017
<b>5B. Certification</b>	09/01/2017

September 11<sup>th</sup>, 2017

City of Des Moines Community Development  
602 Robert D. Ray Drive  
Des Moines, IA 50309

Re: 2017 Continuum of Care Grant  
City of Des Moines Planning Grant

To Whom It May Concern:

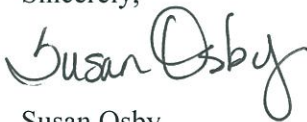
Upon receipt of the 2017 HUD CoC Planning Grant funds, Polk County Health Services (PCHS) will enter into a Memorandum of Understanding (MOU) with the Polk County Continuum of Care Board (CoCB), and will establish an unconditional commitment of PCHS to provide the following services to the CoCB.

Below are the services that will be provided by Polk County Health Services:

- Administrative Office Space \$8,000
- Meeting space (115 meetings at \$35 each) \$4,025
- Copies (11,000 copies at \$.05) \$550
- Administrative Fee \$12,443

If you have any further questions, please feel free to contact me.

Sincerely,



Susan Osby  
Executive Director

F:\word\SusanCoCB09112017

September 11<sup>th</sup>, 2017

City of Des Moines Community Development  
602 Robert D. Ray Drive  
Des Moines, IA 50309

Re: 2017 Continuum of Care Grant  
City of Des Moines Planning Grant

To Whom It May Concern:

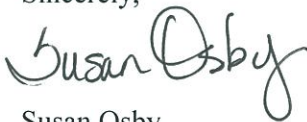
Upon receipt of the 2017 HUD CoC Planning Grant funds, Polk County Health Services (PCHS) will enter into a Memorandum of Understanding (MOU) with the Polk County Continuum of Care Board (CoCB), and will establish an unconditional commitment of PCHS to provide the following services to the CoCB.

Below are the services that will be provided by Polk County Health Services:

- Administrative Office Space \$8,000
- Meeting space (115 meetings at \$35 each) \$4,025
- Copies (11,000 copies at \$.05) \$550
- Administrative Fee \$12,443

If you have any further questions, please feel free to contact me.

Sincerely,



Susan Osby  
Executive Director

F:\word\SusanCoCB09112017