

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 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: 09/12/2018

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: Call to Freedom, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 47-5469817

	c. Organizational DUNS:	080291351	PLUS 4:	
--	-------------------------	-----------	---------	--

d. Address

Street 1: 1800 W. 12th Street, Suite 100

Street 2:

City: Sioux Falls,

County: Minnehaha

State: South Dakota

Country: United States

Zip / Postal Code: 57104

e. Organizational Unit (optional)

Department Name: Marissa's Project

Division Name:

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

Prefix: Ms.

First Name: Becky

Middle Name:

Last Name: Rassmussen

Suffix:

Title: Executive Director

Organizational Affiliation: Call to Freedom, Inc.

Telephone Number: (605) 261-1880

Applicant: Call to Freedom, Inc.

165398

Project: Marissa's Project

165398

Extension:

Fax Number: (605) 261-1880

Email: director@calltofreedom.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-6200-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): South Dakota
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Marissa's Project

16. Congressional District(s):

a. Applicant: SD-000

b. Project: SD-000

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2020

b. End Date: 12/31/2020

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: Ms.

First Name: Julie

Middle Name:

Last Name: Klinger

Suffix:

Title: Director of Operations

Telephone Number: (605) 261-1880
(Format: 123-456-7890)

Fax Number: (605) 261-1880
(Format: 123-456-7890)

Email: operations@calltofreedom.org

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

Date Signed: 09/12/2018

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: Call to Freedom, Inc.

Prefix: Ms.

First Name: Julie

Middle Name:

Last Name: Klinger

Suffix:

Title: Director of Operations

Organizational Affiliation: Call to Freedom, Inc.

Telephone Number: (605) 261-1880

Extension:

Email: operations@calltofreedom.org

City: Sioux Falls,

County: Minnehaha

State: South Dakota

Country: United States

Zip/Postal Code: 57104

2. Employer ID Number (EIN): 47-5469817

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$188,045.00

(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. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional 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: Julie Klinger, Director of Operations

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

Date Signed: 07/30/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Call to Freedom, Inc.

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 hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Ms.

First Name: Julie

Middle Name

Last Name: Klinger

Suffix:

Title: Director of Operations

Telephone Number: (605) 261-1880
(Format: 123-456-7890)

Fax Number: (605) 261-1880
(Format: 123-456-7890)

Email: operations@calltofreedom.org

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

Date Signed: 09/12/2018

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: Call to Freedom, Inc.

Name / Title of Authorized Official: Julie Klinger, Director of Operations

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

Date Signed: 09/12/2018

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: Call to Freedom, Inc.

Street 1: 1800 W. 12th Street, Suite 100

Street 2:

City: Sioux Falls,

County: Minnehaha

State: South Dakota

Country: United States

Zip / Postal Code: 57104

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: Ms.

First Name: Julie

Middle Name:

Last Name: Klinger

Suffix:

Title: Director of Operations

Telephone Number: (605) 261-1880
(Format: 123-456-7890)


Fax Number: (605) 261-1880
(Format: 123-456-7890)

Email: operations@calltofreedom.org

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

Date Signed: 09/12/2018

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.

Call to Freedom, formerly referred to as Be Free Ministries, started in Sioux Falls, SD in 2007. For many years, this agency has provided services to sex/human trafficking victims and led the charge to create more responsive services, as well as bring more awareness to the state regarding this issue. Call to Freedom, as it operates today, became an independent 501c3, public charitable non-profit agency in January of 2016. The mission of Call to Freedom is: Navigating a Healthy Path from Victim to Survivor through victim-centered responsive services to those who have experienced sexual exploitation and human trafficking. Call to Freedom is committed to work with other community partners to maximize and facilitate resources necessary for survivors to navigate a healthy path. The focus of Call to Freedom's work involves responding to victims by creating a strong network of frontline providers who can offer emergency housing, physical and mental health care, medical assistance, chemical dependency treatment, trauma counseling, job skill training, transportation, occupational therapy, and other services as needed. Due to very limited safe housing options, Call to Freedom opened a small supportive housing project named "Marissa's Project" in October of 2016.

Marissa's Project provides safe housing that offers support and stability, which are necessary for successful long-term transitions out of sex/human trafficking and sexual exploitation situations. Not only are the clients offered shelter, but they are also provided access to support services like vocational rehabilitation services, employment search and training support, occupational therapy, intensive case management, and transportation.

Marissa's Project, provides daily access to Intensive Case Managers. Residents follow case plans and set their own goals for independence. They also comply with house rules and pay monthly rent to assist in learning budgeting and financial management. The overall goal of Marissa's Project is to provide a long term safe environment for survivors of human trafficking to recover and regain self-sufficiency.

Call to Freedom aims to assist all clients to reach a self-sufficient life, who can contribute back into their community. Intensive long-term case management with victims/survivors of human trafficking is provided.

Call to Freedom has received grant support from the South Dakota Department of Social Services Victim Services and the Department of Public Safety Victim Services. The grants have totaled more than \$290,000.00. Each grant has required the agency to submit quarterly and annual progress reports. All reports have been submitted on time and no deficiencies have been noted.

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

Since receiving it's 501c3 in January of 2016, Call to Freedom has primarily operated from private community funding. In June of 2017, Call to Freedom received a \$26,000 sub-recipient grant through Sexual Assault Service Program (SASP) funding to help fund a part-time case manager. Call to Freedom receives funding through the South Dakota Network Against Family Violence and Sexual Assault to help fund 10 hours per week of case management. Call to Freedom has recently been awarded sub-recipient grants from both Victims of Crimes Act (VOCA) and SASP dollars through the Department of Public Safety. This award supports staffing and emergency needs of clients. The Call to Freedom's 2018 operating budget is \$505,200. Call to Freedom's annual budget is comprised of funds from the following sources: 1) 50% State sources; 2) 35% local support; and 15% other. Call to Freedom has 3 Case Managers on staff who work at Marissa's Project and also with Outreach clients not housed at the project. Two federal applications have been made to the Office of Victims of Crimes for additional program funding for comprehensive and specialized services. Those awards will be announced by September 30, 2018. The Continuum of Care grant that is being applied for will provide funds for program expansion. The Continuum of Care grant will not be used to replace any operating funds currently being received.

Call to Freedom has received an outpouring of community help through private and foundation funding as well as in-kind donations to assist clients in the program.

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.

Call to Freedom is a private non-profit organization established in January of 2016, and is governed by a Board of Directors. The Executive Committee functions over the agency finances and is responsible for approving financial procedures and practices. Daily operations are overseen by the Executive Director. Per Board policy, financial operations are overseen by a third-party accountant who processes pay roll, financial statements.

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: SD-500 - South Dakota Statewide CoC

1b. CoC Collaborative Applicant Name: South Dakota Housing Development Authority

2. Project Name: Marissa's Project

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

Call to Freedom is currently renting a house containing 8, 1 bedroom units. Of these units 1 is used for an office/storage area and the other 7 are available for survivors who enter into the program. Each resident works through a case plan with their case manager which provides supportive services, such as, mental health, occupational therapy, vocational rehabilitation, substance abuse after-care, social services programs, etc. all aimed to provide a full range of services allowing residents to reach full independence and self-sufficiency. Currently residents pay rent to the program to teach budgeting and responsible financial planning. Community support services provide financial mentors who work alongside case managers at Call to Freedom to teach residents how to manage money and plan for their future. Volunteer Vocational Rehabilitation worker helps residents locate employment and maintain employment through job coaching, shadowing and employee relationships.

In nearly 100% of cases residents have been at Marissa's Project for at least six months. They have shown sustained success in job placement, being alcohol and drug free and free from their past life of being trafficked.

The existing 7-bed rental property managed by Call to Freedom is no longer adequate to meet the demand/need for services provided by the organization. The existing facility will not accommodate families. It will be closed when the construction of Marissa's Project is complete. The new family will provide 12 apartments (1-three bedroom, 2-two bedroom and 8-one bedroom) for a total of 20 available beds for survivors and their children.

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 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?	180		
Participant enrollment in project begins?			
Participants begin to occupy leased units or structure(s), and supportive services begin?	360		
Leased or rental assistance units or structure, and supportive services near 100% capacity?	450		
Closing on purchase of land, structure(s), or execution of structure lease?	125		
Rehabilitation started?	0		
Rehabilitation completed?	0		
New construction started?	150		
New construction completed?	365		

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

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: Sex/Human Trafficking victims

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

As the owner of Marissa's Project, Call to Freedom Board and administrative staff will have general oversight of the development, operations and maintenance of the property. A house manager will be onsite on a daily basis. The maintenance will be subcontracted to qualified vendors. The Call to Freedom Board will retain Lloyd Construction Company to supervise the construction of Marissa's Project.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

Living at Marissa's Project offers tenants the safe environment they require in order to focus on their recovery and to receive the supportive services offered by Call to Freedom.

8. Will more than 16 persons live in one structure? Yes

a. Describe the local market conditions that necessitate a project of this size.

Based on current demand for program services, a minimum of 12 units/20 beds are needed. The inadequacy of Call to Freedom's current 7-bed facility means

that victims are not being served or are required to seek service elsewhere; including out of state. However, there are no other comparable facilities in this community, region or throughout the State of South Dakota which are programmed to serve this unique clientele which allows for safety, confidentiality and adequate time for recovery and healing. Sioux Falls is the largest community in South Dakota and is located on the I-90 and I-29 corridor where transit trafficking is heightened. To date, ten women and one child have resided at Marissa's Project since its opening in October of 2016. The average length of stay has been 9 months. Two current residents are waiting to be reunited with their children and will need additional bedroom space for their child/children. Currently there is a waiting list of three clients who are ready to move into the project, with more clients pending approval. The project will have access to medical clinics, employment, education, retail and transportation services.

b. Describe how the project will be integrated into the neighborhood.

The Project size, design, location and operation will be integrated into a neighborhood in a manner that allows anonymity for the protection of this unique clientele/resident. The current property chosen for this project is located in a neighborhood composed of multi-family homes, such as, apartment buildings, townhouses, etc. This will allow the property to fit into the landscape of the neighborhood without being noticeably different from other structures.

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Provide additional supportive services to homeless persons, Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	7
# of units	7
# of beds	7
New effort	
# of additional persons served at a point in time that this project will provide	13
# of additional units this project will provide	5
# of additional beds this project will provide	13

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase number of and/or expand variety of supportive services provided, Increase frequency and/or intensity of supportive services

Describe the reason for the supportive service increase indicated above.

Housing, job skills training, education and employment are essential needs for a client to achieve self-sufficiency. The majority of victims entering Call to

Freedom program leave their trafficking situation without anything of their own. They do not have essential life and/or job skills as often times they entered into trafficking at a young age before they were able to develop these skills.

Call to Freedom clients often experience a wide range of barriers to safe, affordable housing, employment and education. These barriers include:

- 1)Lack of steady employment history
- 2)Lack of education and training in any particular career
- 3)Criminal history of prostitution, drugs, theft other crimes forced upon them by their trafficker
- 4)Severe trauma history makes employability challenging
- 5)Lack of transportation resources to job sites

All of these barriers create a challenge in the community to locate employers and landlords who understand the complex issues victims of human trafficking face. In addition, there is a lack of safe and affordable housing through other programs funded by the community and the state. With long waiting lists for housing, victims experience these barriers to freedom and may return to their past life of being trafficking for fear of not having any other place to go.

The opening of Marissa's Project will enable Call to Freedom to add additional staffing and offer expanded services to clients.

According to Alliance 8.7 2017 Global Estimates of Modern Slavery there are over 40 million people victimized by human trafficking globally. In the Americas, there are 1.3 victims for every 1000 people. Across the United States there were more than 40,000 cases reported to the Polaris Human Trafficking Hotline in 2017. Currently there are only 298 beds available to specifically serve victims of sex/human trafficking. Call to Freedom provides 7 of those beds and with a goal to increase those numbers. This program has become a safe haven for sex/human trafficking and sexual exploited victims. Currently Call to Freedom has served 148 clients since January of 2016, 10 of whom have resided at Marissa's Project. The average stay is 9 months.

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Once a client comes to Call to Freedom, either through referral or by walk-in, Call to Freedom staff undertakes a detailed intake evaluation process. The Call to Freedom staff works with the client to assess their current needs, challenges and required support services. A detailed case plan is developed based on the needs assessment. Safe housing is one of the first objectives of every client. Permanent housing and employment soon follow. IN order to begin the transition to permanent housing, clients are taught skills such as budgeting, renter responsibility and activities of daily living including life skills, cleaning, cooking, bill management and etc.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

This program funding will enhance Marissa's Project with supportive services from vocational rehabilitation services, job training and coaching, life skills (Occupational Therapy), mentors, and rent controlled supportive housing.

The overall goals would be to see victims/survivors increase their:

- self-esteem and confidence
- job skills
- employment
- stable housing
- completion of GED and/or technical or college enrollment.

Marissa's Project Supportive Housing Client goals for this project are: 50% of clients will obtain and retain full-time jobs and 50% will obtain and retain part-time jobs. Nearly 100% of clients in the program have a history of obtaining and retaining stable employment if they have lived in the house for over 6 months and are physically able to work.

For all clients: 25% who have been in the program for over 6 months will enroll in vocational/technical educational training program or college.

Call to Freedom currently serves over 50% Native American, 45% Caucasian and 5% Other ethnicity. These above programs will optimize Call to Freedom client's ability to go beyond their current low-income status, while providing opportunities for career advancement, stable housing and self-sufficiency.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Daily
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	Weekly
Housing Search and Counseling Services	Partner	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Partner	Weekly
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 12

Total Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	12	20

4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**

a. **Units:** 12

b. **Beds:** 20

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 601 S. Phillips Avenue, Suite 105

Street 2:

City: Sioux Falls,

State: South Dakota

ZIP Code: 57104

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

461518 Sioux Falls

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	9	0	12
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	6	0	8
Adults ages 18-24	1	3	0	4
Accompanied Children under age 18	8	0	0	8
Unaccompanied Children under age 18	0	0	0	0
Total Persons	11	9	0	20

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	0	0	0	0	2
Adults ages 18-24	0	0	0	0	0	0	0	0	0	1
Children under age 18	0			0	0	0	0	0	0	8
Total Persons	0	0	0	0	0	0	0	0	0	11

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										6
Adults ages 18-24										3
Total Persons	0	0	0	0	0	0	0	0	0	9

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Sex/human trafficking victims and their children.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

0%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
20%	Directly from safe havens.
5%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

Call to Freedom collaborates with other community organizations to develop individualized programs for their clients. Clients are referred from various sources including local, state and federal law enforcement agencies, the South Dakota Attorney General's office and other municipal and county legal service agencies, alcohol/drug treatment centers, social service agencies, Department of Corrections, emergency shelters, etc. Call to Freedom accepts out of state referrals for clients who have a need to be relocated to a safe housing environment.

Call to Freedom does not provide a 24/7 staffing at Marissa's Project therefore, clients entering the project need to be able to function independently with supportive services. Once safety for the client is assessed and it is determined the client would benefit from the program at Marissa's Project then an admittance plan will be developed between the referring party and Call to Freedom Marissa's Project Director.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus



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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$103,380
Total Units:			12
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	SD - Sioux Falls, SD MSA (4608399999)	12	\$103,380

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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 annual assistance requested 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>

Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: SD - Sioux Falls, SD MSA (4608399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$407	x	12	=	\$0
0 Bedroom		x	\$543	x	12	=	\$0
1 Bedroom	9	x	\$655	x	12	=	\$70,740

2 Bedrooms	2	x	\$811	x	12	=	\$19,464
3 Bedrooms	1	x	\$1,098	x	12	=	\$13,176
4 Bedrooms		x	\$1,296	x	12	=	\$0
5 Bedrooms		x	\$1,490	x	12	=	\$0
6 Bedrooms		x	\$1,685	x	12	=	\$0
7 Bedrooms		x	\$1,879	x	12	=	\$0
8 Bedrooms		x	\$2,074	x	12	=	\$0
9 Bedrooms		x	\$2,268	x	12	=	\$0
Total Units and Annual Assistance Requested	12						\$103,380
Grant Term							1 Year
Total Request for Grant Term							\$103,380

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 FTE Intensive care managers will allocate time for a total time of 1 FTE plus benefits. 1 FTE program director will allocate 10% of their time for program oversight.	\$55,105
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Furnishings, household supplies, medical costs, professional clothing.	\$6,000
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services	Interpreting services, 1 FTE (Program Director) will allocate 10% of their time to identify program participants, marketing the program, plus benefits.	\$6,000
14. Substance Abuse Treatment Services		
15. Transportation	Monthly bus passes.	\$2,160
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$69,265
Grant Term		1 Year
Total Request for Grant Term		\$69,265

Click the 'Save' button to automatically calculate totals.

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	2 users @ \$100/month / each user	\$2,400
5. Space & Operations		
Total Annual Assistance Requested:		\$2,400
Grant Term:		1 Year
Total Request for Grant Term:		\$2,400

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:	\$47,761
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$47,761

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	Government	South Dakota Depa...	06/01/2018	\$47,761

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: South Dakota Department of Public Safety
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 06/01/2018

6. Value of Written Commitment: \$47,761

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$103,380	1 Year	\$103,380
4. Supportive Services	\$69,265	1 Year	\$69,265
5. Operating	\$0	1 Year	\$0
6. HMIS	\$2,400	1 Year	\$2,400
7. Sub-total Costs Requested			\$175,045
8. Admin (Up to 10%)			\$13,000
9. Total Assistance Plus Admin Requested			\$188,045
10. Cash Match			\$47,761
11. In-Kind Match			\$0
12. Total Match			\$47,761
13. Total Budget			\$235,806

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		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

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: Julie Klinger

Date: 09/12/2018

Title: Director of Operations

Applicant Organization: Call to Freedom, Inc.

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).**



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
New Project Application FY2018	Page 50 09/13/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2018
1E. SF-424 Compliance	07/30/2018
1F. SF-424 Declaration	07/30/2018
1G. HUD 2880	07/30/2018
1H. HUD 50070	07/30/2018
1I. Cert. Lobbying	07/30/2018
1J. SF-LLL	07/30/2018
2A. Subrecipients	No Input Required
2B. Experience	09/12/2018
3A. Project Detail	08/23/2018
3B. Description	09/12/2018
3C. Expansion	09/12/2018
4A. Services	09/12/2018
4B. Housing Type	08/23/2018
5A. Households	07/31/2018
5B. Subpopulations	08/09/2018
5C. Outreach	09/12/2018
6A. Funding Request	07/30/2018
6E. Rental Assistance	08/23/2018
6F. Supp Srvcs Budget	08/09/2018
6H. HMIS Budget	08/09/2018
6I. Match	08/23/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	07/30/2018