



2025
HOUSING DIVISION

FUNDING APPLICATION

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Prepared by the City of Sioux Falls, South Dakota 231 North
Dakota Avenue 57104 • 605-367-8180
siouxfalls.gov/resident-services/housing-neighborhoods/housing



Section 1A: Organization Overview

Organization Name							
Type <i>(choose from dropdown)</i>	Choose an item.						
Organization Full Mailing Address							
Total Annual Organizational Budget Amount							
Tax ID Number							
UEI Number							
Chief Official or Primary Contact <i>(include title and name)</i>							
Phone							
Email							
Check boxes to confirm the items that already exist in your organization:	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Demographic data collection</td> <td><input type="checkbox"/> Financial auditing system</td> </tr> <tr> <td><input type="checkbox"/> Client eligibility tracking</td> <td><input type="checkbox"/> Written conflict of interest policy</td> </tr> <tr> <td><input type="checkbox"/> Staff salary tracking</td> <td><input type="checkbox"/> Written procurement procedures</td> </tr> </table>	<input type="checkbox"/> Demographic data collection	<input type="checkbox"/> Financial auditing system	<input type="checkbox"/> Client eligibility tracking	<input type="checkbox"/> Written conflict of interest policy	<input type="checkbox"/> Staff salary tracking	<input type="checkbox"/> Written procurement procedures
<input type="checkbox"/> Demographic data collection	<input type="checkbox"/> Financial auditing system						
<input type="checkbox"/> Client eligibility tracking	<input type="checkbox"/> Written conflict of interest policy						
<input type="checkbox"/> Staff salary tracking	<input type="checkbox"/> Written procurement procedures						

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2025 APPLICATION OVERVIEW

- There is no limit to the number of applications that an agency may submit, but each project must be submitted as its own application.
- Applications are due Friday, October 25, 2024, by 5pm.

FIRST-TIME APPLICANTS

- All first-time applicants are encouraged to meet with City staff prior to submittal to discuss potential projects. This meeting will ensure project eligibility and provide technical assistance.

WHAT'S MY UEI NUMBER?

- [Click the link to learn more.](#)

Section 1B: Organization Description

Please summarize information about your organization, its goals, mission, and services offered. Please attach additional information to the back of this application to include: your organization's incorporation date, management structure and experience, clientele served, organizational chart, and a list of board of directors with appointment dates and term expiration dates.

What other organizations, if any, are participating in this project? How do you ensure that there is no duplication of services occurring with other organizations?

Has your organization ever received City funds in the past? Please briefly describe.

Please specify the name(s) and job title(s) of the staff that will be assigned to the grant administration. For each person listed, please include their years of experience working with federal funding and specify any other federal grants they have worked with in the past.

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GENERAL INSTRUCTIONS

- Applications must respond to all questions and include all information requested.
- Please be as clear and concise as possible.
- Handwritten documents will not be accepted. You must use the City's forms.
- If you experience technical difficulties with the forms, [please contact us](#).
- Attach supporting documents to the end of the application or as a separate file (i.e., maps, articles of incorporation, non-profit determination, list of board of directors, organizational chart, financial statements, EEO statement, etc.).

Section 2A: Project Overview

Project Name	
Project Location Physical Address <i>(include city, state, zip)</i>	
Project Priority <i>(i.e., "first" if submitting multiple applications)</i>	
Amount of City Funds Requested	
Project Activity	
Clientele Served	

***NOTE: the project start date must occur after funding has been approved and made available.**

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IMPORTANT CONSIDERATIONS

- All projects should be designed to begin immediately and preferred to be completed within 12 consecutive months of funding.
- All Project must be located within the City of Sioux Falls.

Estimated Project Timeline

	Receipt of all funding commitments identified for this project
	Acquisition (if applicable)
	Plans/specifications prepared
	Solicitation of bids
	Bid Award
	Start of Construction
	Completion date

Section 2B: Project Description

What will be accomplished with the City funding that you are requesting, and who will benefit from the project?

Why is this project necessary in the community, and why should City funds be used to address this need?

*What are the quantifiable goals of this project? How will they be measured?
(Example: Build 10 low-income rental units, provide healthcare for 100 low-income residents)*

If we are unable to grant your full request, what is the minimum amount that you would be willing to accept that would still allow your project to be viable?

If the project is not awarded this amount of City funding, how will it be affected?

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PROJECT CONSIDERATIONS

- City of Sioux Falls funds are used to improve local communities by providing decent safe and sanitary housing, improved infrastructure, public facilities and services, and improved economic opportunities.
- Federal law requires that these funds primarily benefit low-to-moderate income persons; funds may also be used for activities that help prevent or eliminate slums or blight or for projects that meet urgent community needs.

Section 2C: Project Budget

Leveraging funds is important to our program's mission. What other funds are currently available to support this project or leverage City funds? Please include sources, dollar amounts and status of such funds.

Source of Funds	Status of Funds <i>(choose from dropdown)</i>	Amount
City of Sioux Falls	Choose an item.	
	Choose an item.	
	Choose an item.	
	Choose an item.	
Total Amount of Funds for this Project		

<i>What will <u>City Funds</u> be used for?</i>	<i>Please be as specific as possible.</i>
Budget Category	Amount
Total Amount of City of Sioux Falls Funds for this Project	

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BUDGET CONSIDERATIONS

- No matching funds are required to receive City funds, although projects are strongly encouraged to have other sources of funding and leveraging capabilities.
- Applications selected for funding may receive less than the requested amount.
- By applying, funding is not guaranteed to any agency or project.

Section 3A: HUD Eligibility Requirements

Consolidated Plan Goals

*Below you will find the City of Sioux Falls Consolidated Plan Goals for 2020-2024. These goals are reported to and monitored by HUD. Choose ONE goal from the dropdown that will be met by your project. **

**Actual goals reported are subject to City staff discretion.*

Project Categories

Choose ONE category from the dropdown that aligns to your project.

By choosing a category, you are confirming your project meets the listed criteria.

Eligible HUD Matrix Codes for Each Project Category

Each CDBG project must be eligible for one of the HUD Matrix Codes listed below. Choose ONE HUD Matrix Code that aligns to your project and that falls under the same Project Category you selected above.

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INELIGIBLE ACTIVITIES

- General government expenses or buildings
- Political activities
- Equipment or furnishings (such as computers, vehicles, freezers, etc.)
- Operating and maintenance expenses, including street and building maintenance

ELIGIBILITY REQUIREMENTS

- **Eligible Applicants**
Public or private non-profit agencies and public agencies are eligible. For economic development, qualified Community-Based Development Organizations are eligible.
- **Specific Project Eligibility**
All projects must fall within an eligible [Project Category](#), [HUD Matrix Code](#), and follow all [CDBG Laws and Regulations](#).

Section 3B: HUD National Objective Requirements

National Objective

Choose ONE National Objective from the dropdown that aligns with your project.

National Objective Benefit

Each CDBG project must provide a HUD National Objective Benefit as defined below. Choose ONE Benefit that aligns to your project and that falls under the National Objective you selected above.

Eligibility Requirements for Each National Objective Benefit

Complete ONE of the tables on the next page, based on the Benefit you selected above.

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NATIONAL OBJECTIVES

- **Benefit Low-to-Moderate Income Persons**
70% of CDBG funds must benefit low-to-moderate income residents; those earning 80% or less than the area median income (AMI),
- **Prevent or Eliminate Slums or Blights**
Activities address one or more conditions which have contributed to the deterioration of an area designated as a slum or blighted area. The focus is on a change in the physical environment either on an area or spot basis. Slum or blight activities are rare and typically require special designation from an Urban Renewal Authority to qualify.
- **Meet Other Urgent Community Needs**
Activities alleviate emergency conditions, such as those caused by natural disasters. Urgent need activities are rare and must meet all listed criteria.

LMI BENEFITS

- **LMA Criteria:** All area residents must be LMI, project must benefit all residents of the service area, and the applicant must attach a copy of the [HUD map](#) showing the project location.
- **LMC Criteria:** All clients must be LMI, income eligibility must be documented, and project must serve a special needs population.
- **LMH Criteria:** All households must be LMI and income eligibility must be documented.
- **LMJ Criteria:** All newly created FTE jobs must go to LMI clients, income eligibility must be documented, and job retention must prove job loss would occur without City assistance.

Section 3B Continued: Complete ONE of the tables below, based on the National Objective Benefit you selected above.

LMA Benefit Table (Public Facility & Public Infrastructure)		
Census Tract		
Block Group		
Total Population		
LMI Population		
% of LMI		
Check the boxes to confirm the following:	<input type="checkbox"/>	<i>I listed all census tract/block groups in which the project will take place.</i>
	<input type="checkbox"/>	<i>In Section 4C, I attached a copy of HUD map showing project location address.</i>

LMC Benefit Table (Public Service Projects)	
<p>How many total LMI clients will be served with City funds during your project?</p> <p style="text-align: center;">TOTAL LMI CLIENTS SERVED:</p>	
<p>Of the total listed above, how many clients are in each of the AMI categories?</p> <p style="text-align: center;"><i>(AMI #s listed below should equal the total.)</i></p>	
Very low income (0-30% AMI) clients	
Low income (31-50% AMI) clients	
Moderate income (51-80% AMI) clients	

LMH Benefit Table (Housing Projects)	
<p>How many total LMI households will be served with City funds during your project?</p> <p style="text-align: center;">TOTAL LMI HOUSEHOLDS SERVED:</p>	
<p>Of the total listed above, how many households are in each of the AMI categories?</p> <p style="text-align: center;"><i>(AMI #s listed below should equal the total.)</i></p>	
Very low income (0-30% AMI) households	
Very low income (0-30% AMI) households	
Low income (31-50% AMI) households	

LMJ Benefit Table (Economic Development)
<p>How many total jobs for LMI clients will be created with City funds during your project?</p> <p>TOTAL LMI JOBS CREATED:</p>
<p>Of the total listed above, how many jobs are in each of the following jurisdictions? (Jurisdiction #s listed below should equal the total.)</p>

Slum Blight Area (SBA) Benefit Table
<p>Check the box to confirm the following:</p>
<p><input type="checkbox"/> I confirmed the Slum/Blight Area objective criteria with City staff.</p>

Slum Blight Spot Basis (SBS) Benefit Table
<p>Check the box to confirm the following:</p>
<p><input type="checkbox"/> I confirmed the Slum/Blight Spot objective criteria with City staff.</p>

Urgent Needs (URG) Benefit Table
<p>Check the box to confirm the following:</p>
<p>I confirmed the Urgent Need objective criteria with City staff.</p>

Section 4A: Public Service & Housing Addendum

*NOTE: If you selected the **Public Service** or **Housing** project category in **Section 3A**, you are required to complete **Section 4A**.*

How many persons in Sioux Falls received this service during your last fiscal year?

How many more persons will be served if you receive City funding?

How long would clients receive services from your organization under this project?

Does your organization charge for services? If so, how much, and can the fees be waived for City-supported clients?

What days and times will services be made available to the public?

Does your agency have experienced staff that will provide the service, or will you hire and train new staff?

How does your agency plan to sustain this project/program after City funds have been expended? If City funds will pay for staff positions, please elaborate on how these positions will be maintained.

What is the City-cost per client for this project (total City funds requested divided by number of clients served)?

How do you determine current eligibility? What client demographic information does your organization collect (i.e., income, geographic area, race, ethnicity, etc.)?

Does your agency have the capacity to safely store the private information of eligible clients, such as proof of income, copies of bills, and other personally identifying information (PII)?

Section 4B: Public Facility & Infrastructure Addendum

*NOTE: If you selected the **Public Facility** or **Infrastructure** project category in **Section 3A**, you are required to complete **Section 4B**.*

How many persons in Sioux Falls are currently being served by the facility/amenity?

How many more persons will be served if you receive City funding?

Does the project manager have experience with federal procurement regulations and labor requirements? Please briefly describe size and scope of projects previously administered.

Has the project's architectural/engineering work been completed? If not, when will it be complete?

Does your organization own the facility or amenity you will be improving? If not, when will it own the property?

How long will the facility/amenity be used for its intended purpose?

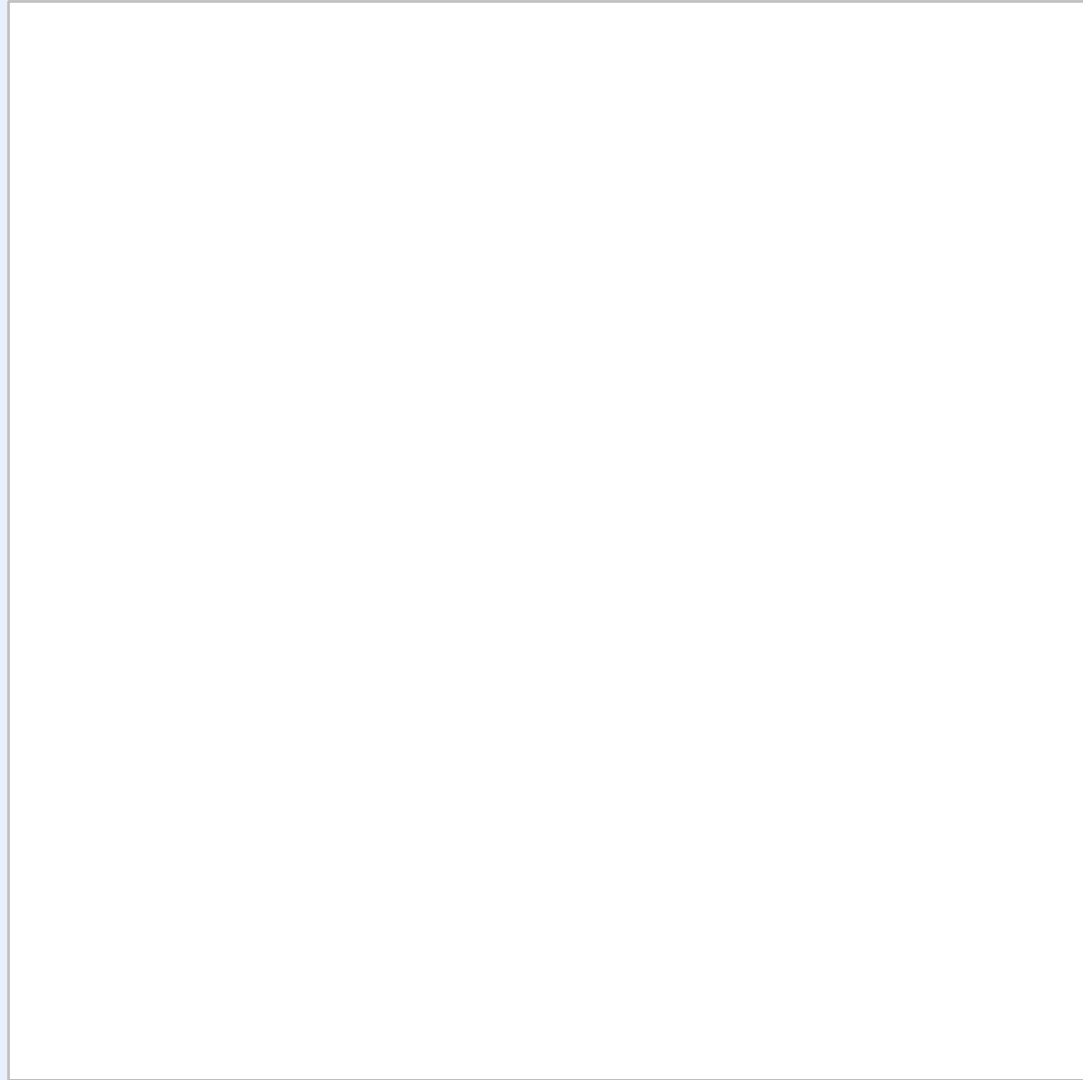
Is a fee charged for the use of the facility/amenity or for services provided at the facility/amenity? If so, how much?

Are funds already in place to operate the facility/amenity after improvements?

What days and times will the facility/amenity be open to the public?

Section 4C: LMA Benefit Addendum

*NOTE: If you selected the **Low-to-Moderate Income Area Benefit** in **Section 3B**, you are required to attach a copy of the HUD map showing the project location address in **Section 4C**.*

A large, empty rectangular box with a thin black border, intended for the applicant to attach a copy of the HUD map showing the project location address. The box is centered on the page and occupies most of the width and height of the section.

Section 5A: Certifications & Signatures

<i>I hereby certify by reading and initialing each statement listed below that the:</i>	Check
Information contained in this application is complete and accurate.	
Applicant has read and understands the application instructions and requirements of the program.	
Project will serve low- to moderate-income residents in the Sioux Falls area.	
Applicant acknowledges that only an executed contract and a notice to proceed with the City authorizes the initiation of project, services or activities and incurring expenditures.	
Applicant acknowledges that a National Environmental Policy Act (NEPA) review may be required for City funded projects, which may delay the project start.	
Applicant acknowledges that the project should be completed within the program year awarded; if not, City funds may be subject to reprogramming.	
Applicant will comply with all federal, City and state statutes, regulations and requirements imposed on the project funded in full or in part by the City.	
Applicant will not use City funds for grant writing, fundraising, or lobbying per 2 CFR Part 200.	
Applicant confirms that the organization has an antidiscrimination policy.	
Applicant acknowledges that current policies for general liability, automobile and workers compensation insurance are required to contract with the City.	
Applicant acknowledges that City funds are subject to review of supporting expenditure documentation and must be approved by City staff prior to payment.	
Applicant has the ability to perform the duties for the activity or services applied for in accordance with City and federal regulations.	
Applicant possesses the legal authority to apply for City funds and to execute the proposed project.	
Applicant does not have any unresolved audit findings for prior City or other federally funded projects. If your agency had a single audit performed last year, please attach a copy to this application.	
Applicant has no pending lawsuits that would impact the implementation of this project.	
Person named below is authorized to execute the application on behalf of the agency.	
<i>The statements and data in this application are correct and true to the best of my knowledge, and its submission has been authorized by the governing body of the applicant.</i>	
Print Name	Title
Date	

Please submit your completed application via email no later than 5:00pm on Friday, October 25, 2024. Submit applications via email to: Housing@SiouxFalls.gov

Any application received after the deadline will not be considered.

Faxed or mailed applications will NOT be accepted.

Questions may be directed to:

Shana Nelson • Housing Compliance Supervisor
605-367-8219 • Shana.Nelson@SiouxFalls.gov

Section 5B: Documentation

<i>The following documentation has been attached to the application:</i>	Check
Agency letter indicating the person(s) who have legal signatory authority to make decision or sign on behalf of the agency.	
Conflict of Interest	
Current Articles of Incorporation and Bylaws.	
Intake Procedures and Forms	
IRS 501© (3) Tax Determination Letter	
IRS Form 990	
Organizational Chart and List of employees with Names and Titles	
Annual Financial Statements and Audit	