

Support Documentation

The following documents must accompany an application for CoC, CDBG, HOME, and ESG federal funds. Applications submitted without complete support documentation **WILL NOT** be processed.

Application Packet

Staff Use Only

Organizational Capacity

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Private Nonprofit Incorporation Papers |
| <input type="checkbox"/> | 2. Corporation By-laws |
| <input type="checkbox"/> | 3. Copy of most recently filed IRS Form 990 |
| <input type="checkbox"/> | 4. Board Training |
| <input type="checkbox"/> | 5. Annual Report |
| <input type="checkbox"/> | 6. List of Corporate Officers |
| <input type="checkbox"/> | 7. Conflict of Interest Policy and signed Conflict of Interest Statement |
| <input type="checkbox"/> | 8. Board's Authorization to Request Funds |
| <input type="checkbox"/> | 9. Board's Certification of Voting Membership |
| <input type="checkbox"/> | 10. Agreement of Monitoring Compliance |
| <input type="checkbox"/> | 11. Board's Designation of Authorized Representative |
| <input type="checkbox"/> | 12. Organizational Chart |
| <input type="checkbox"/> | 13. Management Policies and Practices |
| <input type="checkbox"/> | 14. Resumes |
| <input type="checkbox"/> | <ul style="list-style-type: none"> ● Agency Director |
| <input type="checkbox"/> | <ul style="list-style-type: none"> ● Fiscal Officer |
| <input type="checkbox"/> | <ul style="list-style-type: none"> ● Program Administrator |
| <input type="checkbox"/> | 15. An Affirmative Action & Grievance Procedure |
| <input type="checkbox"/> | 16. Equity Policy |
| <input type="checkbox"/> | 17. Whistleblower Policy |

Resource Capacity

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 18. Current Financial Information (Submit only ONE) |
| <input type="checkbox"/> | • Audit |
| <input type="checkbox"/> | • Financial Report |
| <input type="checkbox"/> | 19. Insurance Certificates (Submit All That Apply) |
| <input type="checkbox"/> | • General Liability |
| <input type="checkbox"/> | • Automobile |
| <input type="checkbox"/> | • Worker's Compensation |
| <input type="checkbox"/> | • Contents |
| <input type="checkbox"/> | • Indemnification clause |
| <input type="checkbox"/> | 20. A written Procurement Policy |
| <input type="checkbox"/> | 21. A written Inventory Policy |
| <input type="checkbox"/> | 22. Copies of all Required Local, State & Federal Licenses |
| <input type="checkbox"/> | 23. List of all Lease Agreements |

Network Capacity

- ☐ 24. List of Contracts with other Funding Agencies that are a part of the Activity/Service

Date	Comments; Additional Info Needed
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[illegible][illegible]

9. Certification of Board Voting Membership

If this agency receives funding from the City, it must be able to certify that no City of Des Moines officers or employees serve as voting members of their Board of Directors, unless such recipient has received a prior written exception from the City Manager's Office and the City's Legal Department.

Signature of Authorized Representative

Title

Date

10. Monitoring, Evaluation, and Reporting Requirements

If this agency receives funding from the City, it shall provide information, including monthly progress reports about this project to the **Neighborhood Services Department**, as requested, and will otherwise cooperate with the monitoring and evaluation of the project by **Neighborhood Services Department** staff. Failure to comply with monitoring requirements may result in withholding of funds.

All **Neighborhood Services** funded agencies should give first preference for employment to low/mod income residents. Information regarding the number of area residents is reported to the Contract Compliance Officer on a semi-annual basis.

Signature of Authorized Representative

Title

Date

SUPPORTING DOCUMENTATION FOR APPLICATION

The following documents must be submitted with the application. Use the attached checklist to indicate each item you have included.

1. **Private Nonprofit Incorporation Papers/Federal Tax Information**-Articles of Incorporation are recognized by the State as formally establishing a private corporation, business, or agency. Nonprofit organizations must submit tax-exempt determination letters from the Federal Internal Revenue Service, including their federal tax identification number.
2. **Corporation By-laws**-By-laws are the organization's written rules that govern its board of directors and handling of internal affairs and operation. The Bylaws must contain: an article regarding Board Compensation and Expense Reimbursement; a formalized procedure to approve revisions that includes full board approval and notification of all grantor agencies; open meeting requirements, regular meeting schedule; and special meeting and notification requirements.
3. **IRS Form 990** – Copy of most recently submitted form 990.
4. **Board Training** – include in by-laws or provide a written assurance, approved by the Board, and signed by the Board Chair that the organization will provide new member orientation and periodic refresher training regarding the organization's mission, goals, management practices, financial policies, and conflicts of interest.
5. **Annual Report** - Annual report of the accomplishments/status of your organization.
6. **List of Corporate Officers**-A list of the current board of directors or other governing body of the agency. The list will include the name, telephone number, address, occupation, committee assignments, if any, affiliation of each member, and must identify the principal officers of the governing body.
7. **Conflict of Interest Policy** - Copies of the Conflict-of-Interest statement signed by each member of the Board and Staff involved in the project(s). A signed statement for anyone becoming a new member of the Board during the Program Year must be submitted to the Neighborhood Services Department.
8. **Board's Authorization to Request Funds**-Documentation of the governing body's authorization to submit the funding request. Documentation consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.
9. **Board's Certification of Voting Membership**- The Board Chair must sign the attached form to certify that no City of Des Moines officers or employees serve as voting members of their Board of Directors.
10. **Agreement of Monitoring Compliance**-The authorized representative of the agency must sign the attached form to confirm that the agency will comply with all required reporting and evaluation processes.
11. **Board's Designation of Authorized Representative**-Documentation of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this consists of a signed letter from the chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.
12. **Organizational Chart**-An organizational chart that describes the agency's administrative framework and staff positions, that indicates where the proposed project will fit into the organizational structure and that identifies any staff positions of shared responsibility.
13. **Management Policies and Practices** – a copy of written policies that address the following areas, as well as the procedures governing policy adoption and revision: employee compensation and expense reimbursement, bargaining agreements, if any, job descriptions, salary ranges by position, compensation in addition to salary, leave policies, equal employment opportunity, nepotism,

14. **Resumes of Agency Director, Fiscal Officer, and Program Administrator.**
15. **An Affirmative Action & Grievance Procedure** - A copy of the written policy that addresses how the agency will have a common guiding strategy that will be utilized by their organization to truly ensure affirmative action and grievance process as part of the workplace requirement.
16. **Equity Policy** – A copy of the written policy that addresses how the agency will have a common guiding strategy that will be utilized by their organization to truly ensure equity progressively becomes a part of the workplace culture.
17. **Whistleblower Policy** - A copy of agency written policy that addresses how the agency will enforce the Commodity Exchange Act that prohibits employers from engaging in retaliation against whistleblowers. A violation of this provision could be addressed by a Commission enforcement action, or a lawsuit by an individual.
18. **Financial Controls** – a copy of written policies that address the following areas: annual audit, or, if an audit is not available, annual financial statement, or comfort letter from a qualified accountant or CPA firm, cash receipting, regular and special payment processing, procurement separation of financial duties to the extent possible, considering the size of staff. Note: Agencies that expend \$150,000 or more annually from all funding sources must have a financial audit that meets Generally Accepted Accounting Principles (GAAP). Agencies that expend \$750,000 or more annually in Federal Funds are required to have a Single Audit in accordance with Generally Accepted Government Auditing Standards (GAGAS), by an independent auditor.
19. **Insurance Certificates**-Provide a copy of your agency's insurance policy's declaration page including general liability, automobile, worker's compensation, Child Abuse/Molestation (if applicable), contents, and indemnification. State whether the agency pays all payroll taxes and workers' compensation as required by Federal and State law. The insurance certificate should be issued to the City of Des Moines from your agency/insurer. **They also need to include in the description of the operations box the following statement: *General Liability and Automobile Liability insurance policies include Contractual Liability Coverage. The General Liability definition of an "insured contract" includes the indemnification of a municipality when required by ordinance or by contract or agreement.***
20. **Written Procurement Policy** – Submit a written procurement policy and documentation of board action to adopt it. The agency can submit the standard policy provided by the city or a policy that meets or exceeds the city's requirements.
21. **Written Inventory Policy** – Submit a written inventory policy. **A copy of the most recent inventory of office equipment, vehicles, or other physical assets purchased in whole or in part with federal funds allocated by the City.**
22. **Copies of all Required Local, State and Federal Licenses**-Dependent on the nature of your agency's activities. For example, childcare and food service require licenses.
23. **List of all Lease Agreements**-Provide a listing of all lease agreements related to the project. For example, rental space, vehicles, equipment-leasing contracts.
24. **List of Contracts with other Funding Agencies that are a part of the City-funded Activity/Service**- Provide listing of contracts with other agencies that provide any portion of the project's funding.

Annual Assessment: City staff will monitor and review compliance with the above-listed management protocol, and report to the City Council regarding the degree of compliance by each organization annually. Contents of this report will be included in deliberations of initial and future funding decisions. Compliance with this policy will be a requirement for initial and future contract approval by the City.

**CONFLICT OF INTEREST STATEMENT AND
CODE OF ETHICAL PRINCIPLES AND BEHAVIOR FOR
BOARD, COMMITTEE MEMBERS AND STAFF**

The _____ **Board of Directors, Committee Members and Professional Staff aspire to:**

- Perform duties with integrity, honesty, truthfulness, and adherence to the public trust.
- Act according to the highest ethical standards
- Place the mission and vision of the organization as a priority
- Improve knowledge and skills to better serve families in need
- Recognize cultural diversity as strength in our community and to treat all people with respect and dignity
- Exercise our best judgment, independently of our association with any other organization or personal concern.

Conflict of Interest Statment: A conflict of interest exists when:

1. Any board member, committee member, employee or any relative (by blood or marriage), or business partner of _____ has a private, economic or personal interest sufficient to appear to influence the outcome of a decision made by the Board from which he/she may gain personally, professionally, or financially in the pursuits of his/her own special interest.
2. Any member of the Board of _____ who is associated as a member of the Board, on a Committee, or has an employment or consulting relationship with an organization receiving money from _____.
3. Other Examples of a conflict of interest may include but are not limited to the following:
 - Self-dealing which is defined as using your position to secure a contract for your business or board
 - Influence peddling: which is defined as soliciting benefits in exchange for using his/her influence to unfairly advance the interest of a particular party
 - Accepting benefits: which is defined as bribery and non-token gifts from a supplier
 - Using confidential information to further his/her own interests or advancing the cause of another organization

Determining a Conflict of Interest: It is the responsibility of each Board or Committee member or employee to determine if a real or apparent conflict of interest exists and once determined declare the conflict that is influencing his /her decision-making ability and dismiss him or herself from the deciding vote.

Conflict of interest may be declared by one of two methods:

1. **Personal Financial Gain:** If it may appear that there is a conflict where the member would have personal gain, they should abstain from both the discussion and the vote.
2. **Organizational Gain:** If it may appear that there is a conflict of interest because the individual serves on a Board, or on a committee of the applicant, or has a family employment or consulting relationship with the applicant to which funds may be awarded, but there is no personal financial gain, the individual should abstain from both the discussion and the vote.

If the Board member believes that another Board member has not declared a real or apparent conflict of interest, he/she may request that the other Board member provide a clarification regarding the other board member's potential personal financial gain or association with any other organization requesting funding.

If a vote has been taken and any board member believes that the undeclared real or apparent conflict of interest existed at the time of the discussion or vote, the board member may contact the chairperson or a member of the executive committee. The executive committee, at its next meeting, shall determine if a re-vote should be held at the next board meeting.

Potential Conflict of Interest Declaration for Directors, Committee Members and Staff

In accordance with _____ policy “Conflict of Interest Statement and Code of Ethical Principles and Behavior for Board, Committee Members and Staff” any member of the board, any committee member or staff of _____ shall identify his or her affiliation with other such agency or agencies in which there may be a real or apparent conflict of interest.

At this time, I am a board member, a committee member, or an employee of the following organizations, or have a family member or business partner who is:

Organization:

Conflict:

Now, this is to certify that I, except as described, am not now nor at any time during the past year have been: 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any organization doing business with

_____ which has resulted or could result in personal benefit to me, a family member or business partner; 2) A recipient, directly or indirectly, of any salary payment or loans or gift of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with

Signature of Board, Committee Member or Staff

Date

Printed Name of Board, Committee Member or Staff

Date

This form must be reviewed and updated, as needed, or no less than annually.

Centralized Intake System Verification

All CoC- and ESG-funded projects are required to participate in the Polk County Continuum of Care (PCCoC) Centralized Intake System. Consistent with PCCoC policies, all CoC- and ESG-funded projects will rely on service and housing placements as a result of a completed assessment and referral from the Centralized Intake Staff. Please initial each of the following to affirm your project's participation within the Polk County Centralized Intake System.

- _____ The applicant will accept referrals exclusively from the Centralized Intake System;
- _____ In an instance where a referral from the Centralized Intake is denied, my project will comply with the Referral Rejection section of the Centralized Intake System Policies and Procedures;
- _____ The applicant will notify the Centralized Intake staff, in a timely manner, of open units.

Signature of Authorized Representative

Date

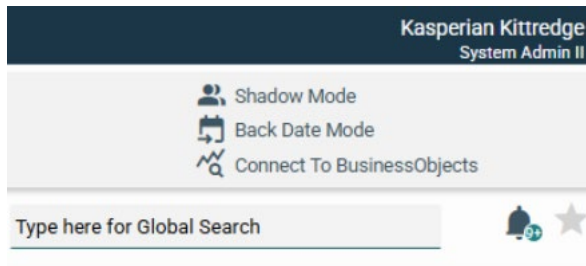
ATTACHMENT #4

DSM-POLK ESG Application Report

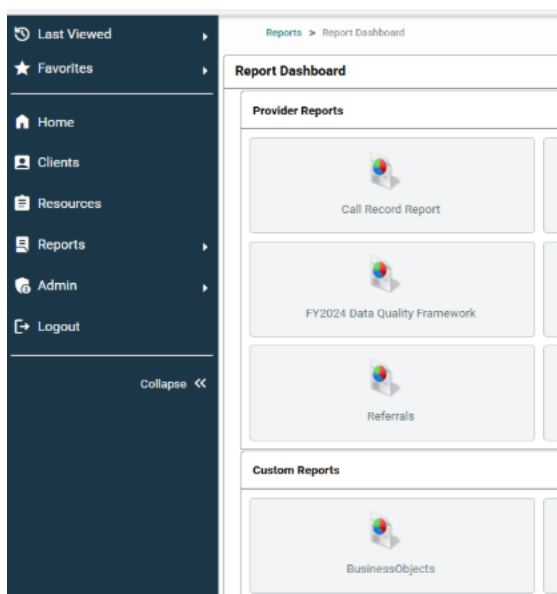
A copy of the DSM-Polk CoC Monitoring Report must be included with an organizations' application for City of Des Moines Emergency Solutions Grant funds if the applicant is a current subrecipient of these funds.

To run the reports:

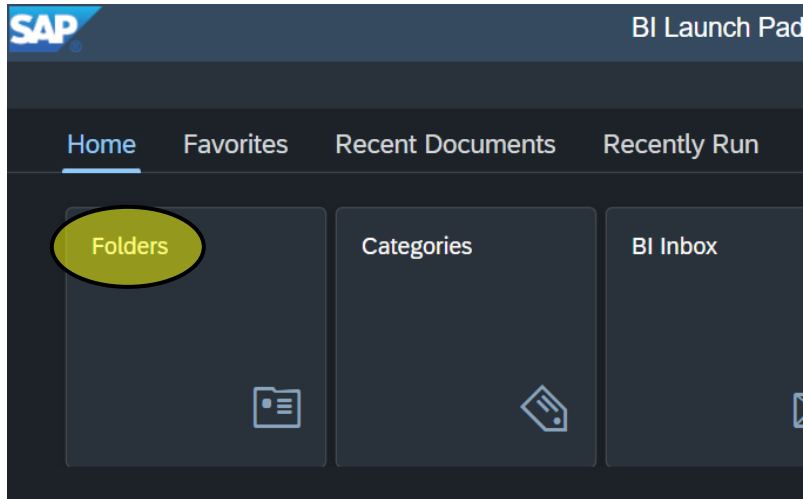
1. Log into HMIS or DVIMS.
2. Click "Connect to BusinessObjects" in the upper right corner (as seen below), or



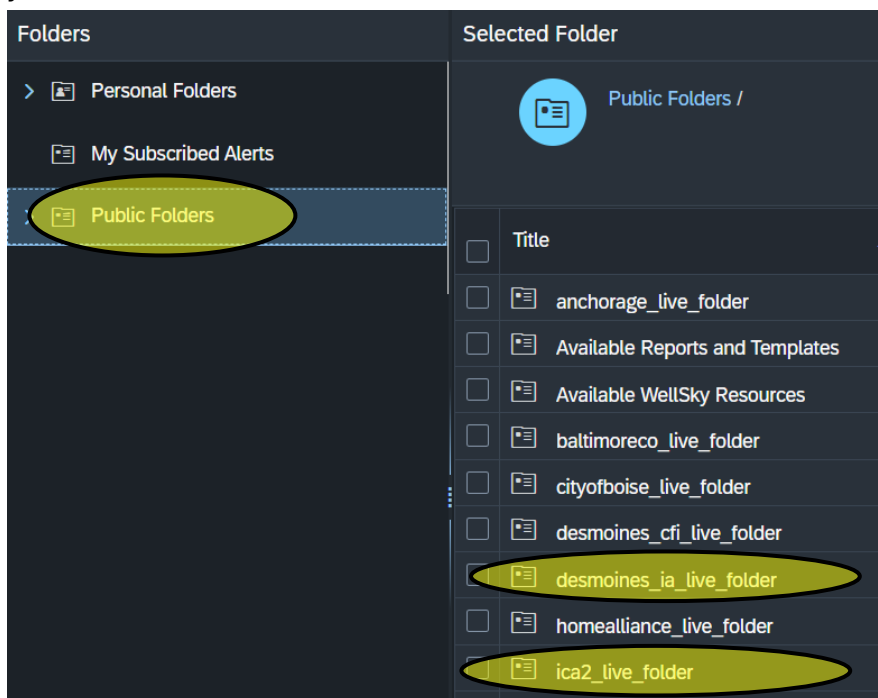
In the left-hand menu, click 'Reports' and then click 'BusinessObjects' underneath the 'Custom Reports' banner.



3. Select “Folders” in the upper left corner.



4. Click on “Public Folders”
5. Click on “desmoines_ia_live_folder” if you’re in HMIS, click on “ica2_live_folder” if you’re in DVIMS.



6. Click on the “Des Moines – Polk CoC” Folder
7. Click on “2025 ESG Grant Application” to open the report.

8. Double click on your project name to select it from the provider list. You do not need to adjust any other prompts.

Search

Provider(s)
Please select at least one value

CoC Code (1)
IA-502 (Des Moines/Polk)

EDA Provider (1)
-Default Provider-

Enter effective date (1)
1/1/2026 12:00:00 AM

Report_StartDate (1)
1/1/2024 12:00:00 AM

Report_EndDate + 1 DAY (1)
1/1/2025 12:00:00 AM

Search or enter value(s) manually

Provider

AARC CoC BIS [RRH](472)

AARC CoC Bonnie's Apartments [PSH](471)

AARC CoC Hope Stability [RRH](473)

AARC CoC/NDHG DZ Hope House [TH](470)

AARC Crisis [SSO](468)

AARC Family Safety Center [SSO](474)

AARC HIF [HP](477)

AARC HIF [RRH](478)

AARC Housing Prioritization Assessment [CES](493)

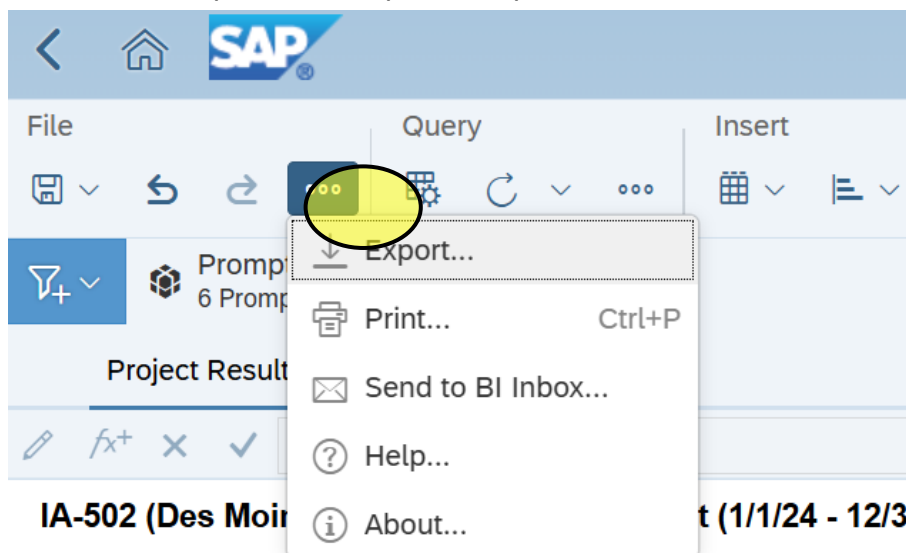
AARC NDHG [HP](476)

Reset All

Run Cancel

9. Click “Run”

10. To save a PDF copy of the report, click the three-dots ‘menu’ button in the top left corner. In the drop-down, select “Export”. On the pop-up window, select “PDF” and then select “Export” to complete the process.



For assistance, contact Angie Arthur at Polk County Continuum of Care at 515-282-3233

EMERGENCY SOLUTIONS GRANT PERFORMANCE MEASURES FOR 2025-2026 APPLICATION PERIOD

PERFORMANCE MEASURE	GOAL	
Entering from sources above		Data quality measure. "from sources above" refers to the locations listed in HUD's literally homeless definition
Rapid Rehousing	90%	
Street Outreach	95%	
Data Timeliness		# days data should be entered after intake, assessment, or program or service entry or exit.
Time to Data Entry (All Program Types)	7 Days	
Data Completeness		The level at which data fields have been completely filled-in.
Time to Data Entry (All Program Types)	< 2 %	
Destination Error (@ Program Exit)		Data quality measure. "Destination at exit" data field left blank.
Family Emergency Shelter	10%	
Single Emergency Shelter	20%	
Rapid Rehousing	<10%	
Income		Increase in income from program entry to exit
Rapid Rehousing	25%	
Time to Move in		# days between when a client is enrolled in the program & when they actually move into a RRH unit.
Rapid Rehousing	75 days	
Move-in Error		Data quality measure. Detects incorrectly entered move-in data
Rapid Rehousing	10%	
Exited to Temp. Hsg. or Institution or Perm. Hsg. Destination		
Street Outreach	30%	
Remained Permanently Housed After Exit		
Homelessness Prevention	90%	



Homeless Definition

ELIGIBILITY BY COMPONENT (Emergency Solutions Grants Program)	Street Outreach	<p>Individuals defined as Homeless under the following categories are eligible for assistance in SO:</p> <ul style="list-style-type: none"> Category 1 – Literally Homeless Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1) <p>SO projects have the following additional limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter
	Emergency Shelter	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in ES projects:</p> <ul style="list-style-type: none"> Category 1 – Literally Homeless Category 2 – Imminent Risk of Homeless Category 3 – Homeless Under Other Federal Statutes Category 4 – Fleeing/Attempting to Flee DV
	Rapid Re-housing	<p>Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:</p> <ul style="list-style-type: none"> Category 1 – Literally Homeless Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)
	Homelessness Prevention	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in HP projects:</p> <ul style="list-style-type: none"> Category 2 –Imminent Risk of Homeless Category 3 – Homeless Under Other Federal Statutes Category 4 – Fleeing/Attempting to Flee DV <p>Individuals and Families who are defined as At Risk of Homelessness are eligible for assistance in HP projects.</p> <p>HP projects have the following additional limitations on eligibility with homeless and at risk of homeless:</p> <ul style="list-style-type: none"> Must only serve individuals and families that have an annual income <u>below</u> 30% of AMI



Homeless Definition

RECORDKEEPING REQUIREMENTS



RECORDKEEPING REQUIREMENTS	Category 1	Literally Homeless	<ul style="list-style-type: none"> Written observation by the outreach worker; <u>or</u> Written referral by another housing or service provider; <u>or</u> Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> discharge paperwork <u>or</u> written/oral referral, <u>or</u> written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
	Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u> A documented and verified oral statement; <u>and</u> Certification that no subsequent residence has been identified; <u>and</u> Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	Category 3	Homeless under other Federal statutes	<ul style="list-style-type: none"> Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> Certification of no PH in last 60 days; <u>and</u> Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> Documentation of special needs <u>or</u> 2 or more barriers
	Category 4	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> <i>For victim service providers:</i> <ul style="list-style-type: none"> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. <i>For non-victim service providers:</i> <ul style="list-style-type: none"> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.



At Risk of Homelessness

CRITERIA FOR DEFINING AT RISK OF HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Eligibility Verification Form Emergency Shelter Services

_____ has applied for homeless assistance through _____.
_____. As required by the Department of Housing and Urban Development, this individual meets the definition of homeless or at-risk of homeless due to the following reason **(check all that apply)**:

HOMELESS STATUS

_____ **Literally Homeless** – Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- _____ Has a primary nighttime residence that is a public or private place not meant for human habitation;
- _____ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- _____ Is exiting an institution where (s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

_____ **Imminent Risk of Homelessness** – Individual or family who will imminently lose their primary nighttime residence, provided that:

- _____ Residence will be lost within 14 days of the date of application for homeless assistance;
- _____ No subsequent residence has been identified; and
- _____ The individual or family lacks the resources or support networks (e.g., family, friends faith-based or other social networks) needed to obtain other permanent housing.

_____ **Fleeing/Attempting to Flee Domestic Violence** – Any individual or family who:

- _____ Is fleeing, or is attempting to flee, domestic violence;
- _____ Has no other residence; and
- _____ Lacks the resources or support networks to obtain other permanent housing.
- _____ Meets the criteria for “Literally Homeless”

This determination is based on **(check all that apply)**:

Literally Homeless

- _____ Written observation by the outreach worker; or
- _____ Written referral by another housing or service provider; or
- _____ Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;

Record of Due Diligence: _____

Imminent Risk of Homelessness

- _____ A court order resulting from an eviction action notifying the individual or family that they must leave; or
- _____ For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- _____ A documented and verified oral statement; and
- _____ Certification that no subsequent resident has been identified; and
- _____ Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing.

Record of Due Diligence: _____

Fleeing/Attempting to Flee Domestic Violence

For victim service providers:

- _____ An oral statement self-certified by the individual or head of household seeking assistance, or a certification by the intake worker which states:
 - * They are fleeing;
 - * They have no subsequent residence; and
 - * They lack resources

For non-victim service providers:

- _____ Oral statement which is self-certified by the individual or head of household seeking assistance, or by the case worker, that they are fleeing. When the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- _____ Certification by the individual or head of household that no subsequent residence has been identified; and
- _____ Certification by the individual or head of household that they have a primary nighttime residence that is a public or private place not meant for human habitation; and
- _____ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Record of Due Diligence: _____

Client Signature: _____ Date: _____

Intake Worker/Case Manger Signature: _____ Date: _____

Eligibility Verification Form Rapid Rehousing

HOMELESS STATUS

_____ has applied for Rapid Rehousing through _____.
_____. As required by the Department of Housing and Urban Development,
this individual meets the definition of homeless due to the following reason (**check all that apply**):

_____ **Literally Homeless** – Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- _____ Has a primary nighttime residence that is a public or private place not meant for human habitation;
- _____ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- _____ Is exiting an institution where (s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

This determination is based on (**check all that apply**):

Literally Homeless

- _____ Written observation by the outreach worker; or
- _____ Written referral by another housing or service provider; or
- _____ Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;

- _____ For individuals exiting an institution – one of the forms of evidence above and:
 - _____ Discharge paperwork or written/oral referral, or
 - _____ Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.

Record of Due Diligence: _____

Client Signature: _____ Date: _____

Intake Worker/Case Manager Signature: _____ Date: _____

Eligibility Verification Form

Homelessness Prevention

_____ has applied for homeless assistance through _____.
_____. As required by the Department of Housing and Urban Development, this individual meets the definition of homeless or at-risk of homeless due to the following reason (check all that apply):

HOMELESS STATUS

At Risk of Homelessness

Individuals or families who:

- _____ Has an annual income below 30% of median family income for the area; AND
- _____ Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the homeless definition; AND
- _____ Meets one of the following conditions:
 - _____ Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - _____ Is living in the home of another because of economic hardship; OR
 - _____ Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - _____ Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
 - _____ Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half person per room; OR
 - _____ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Unaccompanied Children and Youth who:

- _____ Do not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

Families with Children and Youth:

- _____ An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that the child or youth if living with him or her.

Fleeing/Attempting to Flee Domestic Violence – Any individual or family who:

- _____ Is fleeing, or is attempting to flee, domestic violence;
- _____ Has no other residence; and
- _____ Lacks the resources or support networks to obtain other permanent housing.
- _____ Meets the criteria for "Literally Homeless"

This determination is based on (check all that apply):

 At Risk of Homelessness

 Individuals or families who:

- Has an annual income below 30% of median family income for the area.
 - Earned Income (e.g., pay stub, statement of income from employer/source of income).
 - Self-Employment/Business Income (e.g., most recent financial statement).
 - Interest and Dividend Income (e.g., most recent interest or dividend income statement).
 - Pension/Retirement Income (e.g., most recent benefit notice, pension statement or other payment statement from pension provider).
 - Armed Forces Income (e.g., payment statement, statement of income from government official/agency).
 - Unemployment and Disability Income (e.g., most recent benefit or disability income notice from SSI, Statement from SSI).
 - Public Assistance, including FIP (e.g., most recent benefit or income notice from DHS, statement from DHS).
 - Alimony and Child Support (e.g., court order, cancelled checks).
 - No Income Reported (self-certification)
- Lack of resources and support networks to prevent homelessness:
 - Self-Certification, supported by other documentation when practical (e.g., termination notice, unemployment compensation statement, bank statement, health care/utility bill showing arrears).

Record of Due Diligence: _____

- Meets one of the following conditions:
 - Persistent housing instability (2 or more moves within 60 days) due to economic reasons. Self-Certification AND Third-Party Source:
 - Persistent Housing Instability - written or oral (e.g., HMIS records, referral from housing/service provider, letter from tenant/owner).
 - Economic Reasons – for example: termination from employment (notice of termination), unexpected medical costs (health care bill indicating arrears), inability to maintain housing including utilities, (utility bills indicating arrears).
 - Living in the home of another because of economic hardship. Self-Certification AND Third-Party Source:
 - Living Doubled Up - Letter from tenant/homeowner
 - Economic Hardship – for example: termination from employment (notice of termination), unexpected medical costs (health care bill indicating arrears), inability to maintain housing including utilities, (utility bills indicating arrears).
 - Housing Loss within 21 days - Self-Certification AND Third-Party Source:
 - If tenant/homeowner: eviction notice or court order to leave within 21 days.
 - If living doubled up - eviction letter from the tenant/homeowner
 - Lives in a hotel or motel and the cost is not paid for by charitable organization/government program. Self-Certification AND Third-Party Source:

- _____ In hotel or motel - Letter from hotel/motel manager or intake observation
- _____ Non charitable organization or government program - Cancelled check, documentation of use of credit/debit card; hotel/motel receipt documenting cash payment.
- _____ Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half person per room.
- _____ Number of rooms - Lease, unit details from county assessor's Website or rental listing website.
- _____ Number living in unit - Lease, intake observation.
- _____ Is exiting a publicly funded institution or system of care (Discharge paperwork, referral letter).
- _____ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Record of Due Diligence: _____

Fleeing/Attempting to Flee Domestic Violence

For victim service providers:

- _____ An oral statement self-certified by the individual or head of household seeking assistance, or a certification by the intake worker which states:
 - They are fleeing;
 - They have no subsequent residence; and
 - They lack resources

For non-victim service providers:

- _____ Oral statement which is self-certified by the individual or head of household seeking assistance, or by the case worker, that they are fleeing. When the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- _____ Certification by the individual or head of household that no subsequent residence has been identified; and
- _____ Certification by the individual or head of household that they have a primary nighttime residence that is a public or private place not meant for human habitation; and
- _____ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Record of Due Diligence: _____

Client Signature: _____ Date: _____

Intake Worker/Case Manager Signature: _____ Date: _____

Eligibility Verification Form Street Outreach

HOMELESS STATUS

_____ has applied for Street Outreach services through _____.
_____. As required by the Department of Housing and Urban Development,
this individual meets the definition of homeless due to the following reason (**check all that apply**):

_____ **Literally Homeless** – Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

_____ The individual or family is living on the streets (or other place not meant for human habitation) and is unwilling or unable to access services in emergency shelter.

_____ **Fleeing/Attempting to Flee Domestic Violence** – Any individual or family who:

- _____ Is fleeing, or is attempting to flee, domestic violence;
- _____ Has no other residence; and
- _____ Lacks the resources or support networks to obtain other permanent housing.
- _____ Meets the criteria for “Literally Homeless”

This determination is based on (**check all that apply**):

Literally Homeless

- _____ Written observation by the outreach worker; or
- _____ Written referral by another housing or service provider; or
- _____ Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or other place not meant for human habitation.

Record of Due Diligence: _____

Fleeing/Attempting to Flee Domestic Violence

For victim service providers:

- _____ An oral statement self-certified by the individual or head of household seeking assistance, or a certification by the intake worker which states:
 - * They are fleeing;
 - * They have no subsequent residence; and
 - * They lack resources

For non-victim service providers:

- _____ Oral statement which is self-certified by the individual or head of household seeking assistance, or by the case worker, that they are fleeing. When the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- _____ Certification by the individual or head of household that no subsequent residence has been identified; and
- _____ Certification by the individual or head of household that they have a primary nighttime residence that is a public or private place not meant for human habitation; and
- _____ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Record of Due Diligence: _____

Client Signature: _____ Date: _____

Intake Worker/Case Manger Signature: _____ Date: _____

2025 ANNUAL INCOME LIMITS					
HUD Median Family Income for Des Moines MSA/Polk Co					
Effective 06/01/2025					
HH Size	Extremely Low 30%	Very Low 50%	60%	Low 80%	100%
1	\$24,050	\$40,100	\$48,120	\$64,150	\$80,150
2	\$27,500	\$45,800	\$54,960	\$73,300	\$91,600
3	\$30,950	\$51,550	\$61,860	\$82,450	\$103,050
4	\$34,350	\$57,250	\$68,700	\$91,600	\$114,500
5	\$37,100	\$61,850	\$74,220	\$98,950	\$123,660
6	\$39,850	\$66,450	\$79,740	\$106,300	\$132,820
7	\$42,600	\$71,000	\$85,200	\$113,600	\$141,980
8	\$45,350	\$75,600	\$90,720	\$120,950	\$151,140

Data is updated annually:

<https://www.huduser.gov/portal/datasets/il.html>

<https://www.hudexchange.info/programs/home/home-income-limits/>

FINAL INVOICE CERTIFICATION

2 CFR 200.415(a)

To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

We the operating agency, by signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Name of Operating Agency

Federal Funding Source

Signature of Authorized Representative

Date