

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 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 2017 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/07/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MN0127

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lutheran Social Service of Minnesota

b. Employer/Taxpayer Identification Number (EIN/TIN): 41-0872993

	c. Organizational DUNS:	079728721	PLUS 4	
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d. Address

Street 1: 2485 Como Avenue

Street 2:

City: St. Paul

County: Ramsey

State: Minnesota

Country: United States

Zip / Postal Code: 55108

e. Organizational Unit (optional)

Department Name: Youth and Housing Services

Division Name: Family Services

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

Prefix: Ms.

First Name: Karen

Middle Name:

Last Name: Kingsley

Suffix:

Title: Senior Program Director

Organizational Affiliation: Lutheran Social Service of Minnesota

Telephone Number: (612) 879-5221

Extension:
Fax Number: (651) 969-2360
Email: karen.kingsley@lssmn.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): Minnesota
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Renaissance 2018 Renewal

16. Congressional District(s):

a. Applicant: MN-008, MN-007, MN-006, MN-005, MN-004
(for multiple selections hold CTRL key)

b. Project: MN-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

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: Mr.

First Name: Patrick

Middle Name:

Last Name: Thueson

Suffix:

Title: Chief Operating Officer and Chief Financial Officer

Telephone Number: (651) 969-2331
(Format: 123-456-7890)

Fax Number: (651) 969-2360
(Format: 123-456-7890)

Email: patrick.thueson@lssmn.org

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

Date Signed: 08/07/2018

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: Lutheran Social Service of Minnesota

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Thueson

Suffix:

Title: Chief Operating Officer and Chief Financial Officer

Organizational Affiliation: Lutheran Social Service of Minnesota

Telephone Number: (651) 969-2331

Extension:

Email: patrick.thueson@lssmn.org

City: St. Paul

County: Ramsey

State: Minnesota

Country: United States

Zip/Postal Code: 55108

2. Employer ID Number (EIN): 41-0872993

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$42,466.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Renaissance 2018 Renewal 2485 Como Avenue St. Paul Minnesota

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
U.S. Dept. of Health and Human Services, Administration for Children, Youth and Families, 1250 Maryland Ave. SW, Ste. 800, Washington, DC 20024	RHY	\$194,726.00	Direct and indirect program operations costs for Renaissance
U.S. Dept. of Health and Human Services, Administration for Children, Youth and Families, 1250 Maryland Ave. SW, Ste. 800, Washington, DC 20024	RHY	198522.0	Direct and indirect program operations costs for StreetWorks Collaborative
N/A	N/A	\$0.00	0
N/A	N/A	\$0.00	0
N/A	N/A	\$0.00	0

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%

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: Patrick Thueson, Chief Operating Officer and Chief Financial Officer

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

Date Signed: 08/03/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lutheran Social Service of Minnesota

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;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name

Last Name: Thueson

Suffix:

Title: Chief Operating Officer and Chief Financial Officer

Telephone Number: (651) 969-2331
(Format: 123-456-7890)

Fax Number: (651) 969-2360
(Format: 123-456-7890)

Email: patrick.thueson@lssmn.org

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

Date Signed: 08/07/2018

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: Lutheran Social Service of Minnesota

Name / Title of Authorized Official: Patrick Thueson, Chief Operating Officer and Chief Financial Officer

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

Date Signed: 08/07/2018

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? Yes

- 1. Type of Federal Action: Grant
- 2. Status of Federal Action: Application
- 3. Report Type: Initial Filing

4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

5. Congressional District, if known: MN-008, MN-007, MN-006, MN-005, MN-004

6. Federal Department/Agency: Department of Housing and Urban Development

7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)

8. Federal Action Number: FR-5900-N-18B

9. Award Amount: \$40,220.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Harpstead, Jodi
2485 Como Ave., St. Paul, MN 55108

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Schatz, Susan E.

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Patrick

Middle Name:

Last Name: Thueson

Suffix:

Title: Chief Operating Officer and Chief Financial Officer

Telephone Number: (651) 969-2331
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Email: patrick.thueson@lssmn.org

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

Date Signed: 08/07/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MN0127

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MN-509 - Duluth/St. Louis County CoC

2b. CoC Collaborative Applicant Name: St. Louis County Public Health & Human Services

3. Project Name: Renaissance 2018 Renewal

4. Project Status: Standard

5. Component Type: TH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The Renaissance Transitional Living Program of Lutheran Social Service of Minnesota is located in the city of Duluth, the county seat of St. Louis County, located on the shores of Lake Superior. The service area this project reaches is Northeast Minnesota, a predominantly rural region encompassing 10,635,260 Square miles of land area. Duluth is the fourth largest city in Minnesota. Although homeless youth come from other parts of the state, the majority of youth Renaissance serves are from Duluth and the Northeast region. Renaissance is a ten bed, transitional living program for 16-21 year old homeless youth (with 2 beds being used for emergency shelter and funded through RHY). Youth are provided a safe place to live up to 18 months and learn ILS skills to live independently before they leave the program. The annual projection for the number of unduplicated youth served is 10. The award from HUD will support the salary/benefits of a full-time case manager. The case manager will follow the goals and guidelines that are consistent with the Runaway and Homeless Youth Act of 1974, under 16 eligibility provisions of 42 U.S.C. 5714-2, section 322 of the legislation. The case manager will:

1. Increase the SAFETY for runaway and homeless youth.
2. Increase the Well-Being of runaway, homeless and street youth.
3. Increase Numerous activities are created under each category to carry out the objective.

Staff incorporates trauma-informed principles into services provided to runaway and homeless youth at all times. Staff also operates within the comprehensive framework of the Positive Youth Development Approach. This strengths-based approach underlies and integrates all program activities, and directs the Renaissance program. Staff also build protective factors in the community through service linkages and development of a network of safe and caring adults to assist youth. An exit plan is started early on when the youth moves into Renaissance, helping them verbalize what their needs/goals are and then to help them reach those goals to become independent in the community. Staff maintain contact with the youth frequently during the first 12 months after they exit the program. Contact is maintained through phone, email, Facebook and in-person visits. A "Follow-up Assessment" tool is used, which is a two-page form staff completes while asking youth questions, such as living situation, income/employment, relationship(s) with identified adults, and other areas of stability and independent living. Data is used to provide support and assistance to the youth, as well as to assess the effectiveness of individual program components and overall program success.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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"/>

3c. 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"/>

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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	As needed
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Daily
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 10

Total Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds
Dormitory, shared or privat...	---	10	10

4B. Housing Type and Location Detail

1. **Housing Type:** Dormitory, shared or private rooms

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

a. **Units:** 10

b. **Beds:** 10

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: 1422 East Superior Street

Street 2:

City: Duluth

State: Minnesota

ZIP Code: 55805

4. **Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

271266 Duluth, 279137 St Louis County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	7	9	16

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	0	0		0
Adults ages 18-24	0	7		7
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			9	9
Total Persons	0	7	9	16

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0		0	0	0	0	0	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	7
Total Persons	0	0	0	0	0	0	0	0	0	7

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18	0			0	0	0	0	0	0	0
Unaccompanied Children under age 18	0			0	0	0	0	0	0	9
Total Persons	0			0	0	0	0	0	0	9

Click Save to automatically calculate totals

Describe the unlisted subpopulations referred to above:

Unaccompanied youth and young adult under age 24

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

25%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Sources of Match

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	\$10,617
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$10,617

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	LSS homeless yout...	03/10/2015	\$10,617

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: LSS homeless youth donations
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 03/10/2015

6. Value of Written Commitment: \$10,617

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$40,220
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$40,220
7. Admin (Up to 10%)	\$2,246
8. Total Assistance plus Admin Requested	\$42,466
9. Cash Match	\$10,617
10. In-Kind Match	\$0
11. Total Match	\$10,617
12. Total Budget	\$53,083

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	LGBTQ, cultural c...	08/07/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: LGBTQ, cultural competency, anti-racism and drug and alcohol policy attachments

Attachment Details

Document Description: LGBTQ, Cultural Competency, and Anti-racism attachments

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

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 Patrick Thueson

Date: 08/07/2018

Title: Chief Operating Officer and Chief Financial Officer

Applicant Organization: Lutheran Social Service of Minnesota

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Check criteria for Housing First.
- Updated/corrected Household numbers.
- Updated/corrected Subpopulation numbers.
- Attachments - newly required Agency Anti-Discrimination Policy, LGBTQ Program Inclusion, and Cultural Competency Inclusion forms.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/03/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/03/2018

1E. SF-424 Compliance	08/03/2018
1F. SF-424 Declaration	08/03/2018
1G. HUD-2880	08/03/2018
1H. HUD-50070	08/03/2018
1I. Cert. Lobbying	08/03/2018
1J. SF-LLL	08/03/2018
Recipient Performance	08/03/2018
Renewal Grant Consolidation	08/03/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/03/2018
3B. Description	08/03/2018
4A. Services	08/03/2018
4B. Housing Type	08/03/2018
5A. Households	08/07/2018
5B. Subpopulations	08/03/2018
5C. Outreach	08/03/2018
6A. Funding Request	08/03/2018
6D. Match	08/03/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/07/2018
7B. Certification	08/03/2018
Submission Without Changes	08/07/2018



St. Louis County CoC - LGBT Program Inclusion

As a part of the 2018 CoC NOFA Application, we would like to know how your organization meets the needs of LGBT individuals and families within your programs.

Lutheran Social Service of MN and the Renaissance Transitional Living program, take great care to meet the needs of LGBTQ youth served in our programs. Staff are trained on the National Best Practices for serving LGBTQ Homeless Youth which includes the following recommendations: 1) LGBTQ youth are treated respectfully and staff ensure their safety. LGBTQ youth should be treated fairly and have the same rights and privileges as all youth. They should not face different or harsher consequences and should not be tokenized based upon their sexual orientation or gender identity. Youth are called by the names and pronouns that they have identified and prefer according to their gender identity and/or expression. Staff prevent harassment and discrimination by valuing and affirming differences and appropriately responding to verbal, emotional and physical threats against any youth.

2) LGBTQ identity is appropriately addressed during the intake process. We use intake forms that include questions about a youth's sexual orientation/gender identity in our demographics, but we do not make it mandatory for the youth to answer these questions. We ask questions in a way that avoids implicit assumptions about the sexual orientation or gender identity of youth participants (such as asking a youth if he or she is dating someone rather than asking a female youth if she has a boyfriend. All incoming youth and staff are educated about our agency's non-discrimination and harassment policies, what behaviors are prohibited, and what is expected of the youth.

3) All youth are also provided with information about local services for LGBTQ youth and their families including health and mental health services and social and support groups like Together for Youth (TFY). TFY is a social and support

group for LGBTQ youth and allies that meets at the LSS Center for Changing Lives on a weekly basis. Residents of Renaissance have easy access to participating in this group and are encouraged to do so by staff. The TFY Program Coordinator is also available and provides guidance, support and training to LSS staff and youth on an ongoing basis.

4) We support and welcome transgender and gender non-conforming youth. Our physical facility is set up without gender boundaries. Each youth is assigned a private bedroom, with no specific designations made by gender. Youth share a bathroom with 1 other resident based upon the bedroom they are assigned. Binary systems of identification are not utilized and youth are supported to express themselves across the continuum of sexual orientation and gender identity in a fluid way.

5) Staff advocate on behalf of LGBTQ youth across systems within the community. We assure that all youth have access to education, mental health, physical health and employment opportunities. We address discrimination that occurs and support youth in finding LGBTQ friendly service providers in our community. We provide youth with information about LGBTQ rights and laws for their protection.

6) We strive to provide a safe and inclusive environment for our staff and the youth we serve. This is accomplished through our physical environment; having gender neutral and LGBTQ supportive art which shows acceptance and is welcoming to LGBTQ youth. Finally, all of our staff and volunteers receive ongoing LGBTQ competency training.



St. Louis County CoC – Cultural Competency Inclusion

As a part of the 2018 CoC NOFA Application, we would like to know if your organization has cultural competency staff trainings, and/or if your programs include cultural competency component. If so, please describe:

Lutheran Social Service of MN and the Renaissance TLP provide ongoing cultural competency training for staff and volunteers. Lutheran Social Service envisions a Minnesota in which all people have the opportunity to live and work in community in full and abundant lives. We know that we cannot hope to achieve this vision while racism threatens the well-being of ourselves and our neighbors.

Dating back to 2008, LSS declared our commitment to anti-racism and began the journey of becoming an anti-racist and multicultural organization. There have been significant changes both inside and outside LSS that only affirm the importance of this commitment. LSS cannot be effective in our mission without developing our skills to work interculturally. This is critical not only for the communities we serve, but for the diverse employee body at LSS.

The Anti-Racism Task Force has developed a discussion guide intended to move employees along this lifelong journey. The hope is that LSS employees will gain knowledge through the materials and resources. Tools are provided to help employees deepen their awareness and understanding to fully support our Anti-Racism Stand.

Each Manager is responsible for facilitating all 7 discussion modules related anti-racism and cultural competency. These discussions are conducted on at least a quarterly basis for all LSS staff. In addition to the anti-racism efforts driven by the agency, LSS Youth Services strives to provide initial and ongoing training for our staff to better understand and meet the needs of the diverse populations we are serving. Orientation consists of diversity training. Additional training is provided on an annual basis related to specific populations we serve such as the Native American, African American, and Hispanic populations. We bring in guest-speakers and have resources readily available for staff to access outside of scheduled/structured trainings and discussions. These resources also include contacts within a variety of cultural communities that we partner with to better support youth from diverse backgrounds. Management staff participate in quarterly trainings which help them to facilitate trainings and discussions for staff related to cultural competency. Managers are asked to identify areas of growth for staff and to connect

with knowledgeable people within the community to help enhance staff knowledge and understanding. A recent training which was developed in partnership with professors from UMD was about Muslim Faith and Beliefs. This facilitated discussion provided staff with information and resources they may need when serving a youth from the Muslim faith. As our community grows and changes, we need continue to learn about our expanding populations as well as the importance of acceptance, understanding, and anti-racism efforts.



Agency Anti-Discrimination Policy

CoC Applicants: A portion of the CoC NOFA application asks for all agencies to have an antidiscrimination policy. An additional five points will be added to each project as a part of rank and review for agencies that submit their policy with this form, or as an attachment.

Project Name: Renaissance 2018 Renewal

Agency: Lutheran Social Service of MN

Enter Agency Anti-Discrimination Policy or attach to this document:

The Lutheran Social Service of MN Employee Handbook addresses antidiscrimination with several policies including: Americans with Disabilities Act (ADA), Code of Conduct, Code of Ethics, and the Anti-racism Stand and Policy. Copies of the policies have been printed from the handbook and are attached to this document for your reference LSS Agency Anti-Discrimination Policies. These policies also apply to volunteers and contractors. In addition, the Contractor Non-Discriminations is the Law is posted in our facilities in accordance with Minn. Statutes 363A.36 and 363A.37 and Minn. Rule 5000.3535 to 5000.3600.

EMPLOYEE HANDBOOK POLICIES

AMERICANS WITH DISABILITIES ACT (ADA)

To the top

The Americans with Disabilities Act (ADA) is a federal antidiscrimination statute designed to remove barriers which prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities.

We will attempt to make reasonable accommodations for applicants and employees in accordance with ADA.

**Note: Requests for accommodation should be directed to your supervisor who will consult with the Human Resource Department.*

CODE OF CONDUCT

To the top

We want you to be successful in your job and will help you along the way. Part of that success means that you must maintain high standards of conduct. Any employee who commits an act of misconduct during work time or on organization property that interferes with or adversely affects the best interests of the employees or the business of LSS/CHS may be subject to disciplinary action up to and including termination. Although it is impossible to provide a complete list, examples of misconduct include, but are not limited to:

- Physical assault or attempted assault on a supervisor, co-worker, client or customer
- Excessive absenteeism or tardiness
- Abuse or neglect of a vulnerable adult or minor
- Destroying, stealing or removing another employee's, client's, customer's or organization's property
- Intentional dishonesty, including giving false information on your employment application or other records
- Engaging in any illegal or criminal activity
- Releasing confidential information to unauthorized persons
- Refusing to carry out reasonable job-related requests made by your supervisor
- Possession, consumption or being under the influence of alcoholic beverages or illegal drugs or substances during the workday or while on organization property
- Taking or using organization supplies and equipment for personal use
- Sexual misconduct with clients or employees
- Violation of safety or security procedures
- Possession of guns or dangerous weapons on LSS/CHS property and/or leased premises, and at other client locations when performing work as an employee. Employees are also prohibited from possessing guns or dangerous weapons when traveling between work locations
- Other forms of serious personal misconduct as determined by management

Employees are also expected to adhere to standards of conduct as established by their particular professions and/or licensing boards. A determination as to what constitutes conduct resulting in discipline and/or discharge will be made on a case-by-case basis, depending on the circumstances of the particular situation. LSS/CHS reserves the right at its sole discretion to take disciplinary action, including termination for any of the items listed above, or any other conduct deemed inappropriate by management.

CODE OF ETHICS

To the top

Application:

The Code of Ethics applies to all employees at all levels of LSS & CHS. The Code also applies equally to volunteers, temporary employees, and contractors.

Objective:

The provisions of this Code, as set forth in all sections are mandatory and full compliance is expected under all circumstances. The Code affirms the commitment of LSS/CHS to uphold high moral and ethical standards and to specify the basic norms of behavior for those who are involved in representing us. Employees should use this Code as a tool to provide direction and assistance in their business conduct in representing either organization. Where an employee has any doubts or

questions concerning any of the principles set forth in this Code, the employee should seek advice as indicated below. When considering their own conduct, employees should also be guided by some basic questions they can ask themselves, such as:

- Can I justify this action?
- Are my actions legal? Ethical?
- How would my actions appear if published on the front page of a newspaper?
- Would disclosure of my involvement in this situation be embarrassing to myself, my family, or the organization?

This Code does not, nor could it, address all forms of business conduct or employee activity. Employees are therefore expected to comply with the spirit and intent of this Code and to make themselves aware of, and comply with relevant laws, organization policies, and other standards governing their conduct.

Accountability:

Failure to comply with the Code can have severe consequences for both the employee and the organization. Appropriate discipline, which may include termination, will be imposed for violations of the Code. Furthermore, conduct that violates the Code may also violate state and federal law and can subject both the organization and the employee to prosecution or other legal actions.

The principles set forth in this Code are conditions of employment. Employees continue to be bound by these conditions as revised from time to time to reflect changes in the organization and the business.

Assistance:

Any employee needing help or information concerning this Code may contact the Vice President of Human Resources or the Executive Administrator to the CEO.

If an employee thinks he or she may have knowledge about activities that violate this Code, or is aware of any situation that he or she thinks should be reported, the employee is encouraged to contact the Vice President of Human Resources. Any such report will be handled in confidence.

Section 1: LSS/CHS and its employees shall comply fully with all legal requirements, applicable to the business.

Many of our business activities are subject to complex and changing laws. Employees must ensure that they are aware of the laws governing the business activities of the organization, and that their conduct does not violate these laws.

Section 2. Employees and their family members must avoid doing anything that creates a conflict of interest, or the appearance of a conflict of interest, with their responsibilities. Employees may not use LSS/CHS' name, information or good will for personal gain or for the gain of others. (The term "family member" means a spouse, son, daughter, or any relation not more remote than first cousin). Conflicts of interest are not limited to financial matters, but occur whenever any personal interest of an interested person is in conflict with all or part of the interests of LSS/CHS. Conflicts can be isolated, recurring or continuous.

An interested person has a potential conflict of interest when the interests of his or her family member or an associated entity in which he, she, or a family member has a financial or business interest conflict with the interest of LSS/CHS.

The following are some examples of prohibited conflicts of interest. These examples are not inclusive of all matters that may present a conflict of interest:

- Using the organization's name, client or employee lists for any purpose other than LSS/CHS business or functions without first obtaining written consent from the Chief Service Officer or Chief Executive Officer.
- Having a material interest in any business that is seeking to establish business relations with the organization.
- Being a consultant, employee or representative of another organization when:
 - The organization competes in any way with LSS/CHS and it would interfere with the employee's obligations to the organization because of the demands of time or interest,
 - It would identify the organization with an activity or cause with which it does not want to be identified.

Section 3. All dealings between employees of LSS/CHS and federal/state/county representatives are to be conducted in a manner that will not compromise our or any party's integrity or reputation.

Even the appearance of impropriety in dealing with government representatives is unacceptable.

Section 4. Employees shall not, without proper authorization, reveal any information concerning matters and/or clients that the organization and/or applicable laws consider to be confidential.

Except as required by law, the organization and its employees cannot disclose information which might violate the private rights of individuals, other institution, or impair its own business effectiveness. Employees are prohibited from discussing or disclosing any confidential information unless such disclosures have been authorized.

Employees must also be aware that the responsibility for maintaining the confidentiality of information continues outside of the workplace and after leaving LSS/CHS. Employees shall comply with the legal requirements relating to client information, record retention, Employee Confidentiality policy, Information Systems Confidentiality Policy, compliance with software licenses and the handling and protection of information.

Section 5. LSS/CHS' books and records must reflect in an accurate, fair, and timely manner the transactions and disposition of assets. All transactions must be authorized and executed in accordance with the instructions of management and must be recorded so as to permit the accurate preparation of financial statements and to maintain accountability for assets of LSS/CHS.

Access to assets is permitted only with authorization of management.

All funds and assets are to be recorded and disclosed in accordance with accounting policies. The use of funds or assets for any unlawful or improper purpose is strictly prohibited and those responsible for accounting and record-keeping functions are expected to be vigilant in ensuring enforcement of this requirement. Alteration of LSS/CHS' books or records or making false entries in books or records may constitute fraud. Such activity is prohibited and will subject the employee to consequences of breaching this Code and, possibly, criminal or other legal actions.

Section 6. Employees must ensure a work environment free of discrimination and harassment in which individuals are afforded equity in the employment processes, procedures and practices based on merit and ability.

LSS/CHS is committed to providing and maintaining a work environment that supports the dignity of all individuals, and will make every effort to ensure that no one is subjected to sexual harassment or other forms of harassment in the workplace. Such conduct will not be tolerated at any level.

Discriminatory practices based on race, creed, national origin, color, religion, age, sex, sexual orientation, marital status, familial status, status with regard to public assistance or disability are prohibited. It is not a discriminatory practice to make a distinction between persons based on bona fide occupational requirements.

We are committed to the principle of employment equity. Decisions concerning hiring, promotion, retention, training, development and compensation are to be based on the ability, skill, knowledge and experience required to perform the job. Family or personal relationships should in no way be taken into consideration when determining an individual's suitability for a position. Applicants who have a family or personal relationship with anyone who has or had an employment relationship with the organization will be considered solely on their own merits. Any person involved in the selection process who has as a conflict of interest should excuse him or herself from the process.

All supervisory decisions involving an employee with whom a supervisor has a family or personal relationship that could lead to a real, potential or apparent conflict of interest must be referred to another supervisor or the next level of management. These decisions include promotions, salary increases, work assignments, training/development and overtime opportunities and performance reviews.

Section 7: Illicit drugs may not be brought onto any LSS/CHS property or the property of any client. In addition, no one employed by or representing LSS/CHS may come onto company property or the property of a vendor under the influence of an illicit drug. Where allowed by law, employees will be subject to drug testing under specific circumstances. Drugs prescribed by a medical professional and taken consistent with that prescription are not the subject of this Code.

Section 8: No employee or representative of the organization will directly or indirectly give, offer, ask for, or accept a gift or gratuity from an employee or other representative of any current or potential client, vendor, or a regulatory authority, in connection with a transaction or proceeding between LSS/CHS and the other organization.

Conclusion:

Although the matters dealt with in this Code do not cover the full spectrum of employee activities, they are indicative of LSS/CHS' commitment to the maintenance of high standards of conduct and are to be considered prescriptive of the type of behavior expected from employees in all circumstances.

COMPUTER AND INTERNET USER POLICY

To the top

Computer Policy

All employees who use LSS/CHS computers should refer to the "Computer System Users Policy & Guidelines" which is published by the Information Technology Department and outlines the organization's expectations regarding computer use. This document can be found on the IT web page on the Intranet.

Internet Policy

Access to the Internet is a privilege and is intended to assist and enhance performance.

This policy establishes guidelines for the proper use of the Internet. All who have access to the Internet via Organization systems have the responsibility to use these resources in a professional, ethical, and lawful manner.

Accessing the Internet Policy

Employees at networked sites may only access the Internet through an approved Internet Firewall. Accessing the Internet directly, by modem, is strictly prohibited unless the accessing computer is not connected to the Organization's network.

Acceptable Uses include:

1. Utilization of Internet sites and services to conduct Organization business and program operational functions.
2. The Internet may be used for personal matters but such use must be limited and must be restricted to before or after regular business hours, lunch hours but not breaks.

An offer of employment may be extended to an applicant prior to the completion of the criminal background check. However, the applicant's first day of work in the position must not be prior to the satisfactory completion of the criminal background check.

The information on the criminal background check should be sent to Human Resources as part of the new hire information. Managers and Supervisors may also keep a copy for their file.

Minnesota Law Chapter 604.20 Minnesota law requires all employers to make inquiries of job applicants' former employers where the applicant has been functioning as a mental health professional of practitioner within the last five years. This inquiry relates to the possible occurrence of sexual contact with clients or former clients.

All applicants who meet the above description must give permission to contact former employers and provide a list of those employers' names and addresses.

Driver's License Checks (MVR): All personnel who are in positions for which driving is an essential function must first be approved in advance according to the requirements of the organization. This process will involve a driver's license and driving record check.

ANTI-RACISM STAND AND POLICY

To the top

LSS/CHS recognizes that race does matter and that living in a racialized society has implications on multiple levels: individual, cultural, institutional and societal. Racism is systemic and traditional patterns and practices discriminate against many racial and ethnic groups in a way that is so pervasive that it is often invisible. Racism, like other "-isms," causes pain and humiliation and has far-reaching consequences. It prevents equality in social services, education, jobs, housing, health care and immigration opportunities.

The purpose of this policy is to foster anti-racist values and attitudes and develop anti-racist knowledge and practices within the organization, among the Board, staff, volunteers and clients. In order to promote positive race and ethnic relations and to eliminate discrimination, LSS/CHS is committed to the removal of barriers through organizational change and to providing leadership in the development and implementation of an anti-racism policy and anti-racist practices and programs.

The organization:

- Promotes a culturally competent and diverse workplace which respects and reflects the people and community we serve.
- Actively fosters an environment that is free of racism, discrimination, bias, and harassment where all individuals are treated with dignity, safety and hope.
- Does not tolerate prejudice, racism, discrimination or harassment of any kind either on an organizational or a personal level. We will identify, confront and eliminate barriers that may prevent all people from participating fully in the organization and in the larger community.
- Is committed to awareness of and appreciation for racial diversity and supports the understanding that people from diverse racial communities contribute to the growth, enrichment and strength of the organization and of the larger community.
- Promotes full inclusiveness for all races, languages, faiths and cultures. LSS/CHS takes responsibility to ensure that the communities we serve and the members of our organization see themselves valued and reflected within the organization.

DRUGS AND ALCOHOL

To the top

Alcohol and Illegal Drug Policy

LSS/CHS prohibits its employees, volunteers and subcontractors from engaging in the use, possession, transfer, and sale of illegal drugs, alcohol, chemicals, and/or controlled substances while engaged in work on behalf of LSS/CHS, while on LSS/CHS property (owned, leased or controlled) or while using company vehicles, machinery or equipment.

LUTHERAN SOCIAL SERVICE OF MINNESOTA

DRUG AND ALCOHOL POLICY AND TESTING PROCEDURES

PURPOSE

Lutheran Social Service of Minnesota (LSS) is committed to maintaining a work environment, which is free from the use and influence of illegal drugs, alcohol, chemicals, substances and abuse of prescription drugs to protect the health, safety, and well-being of our clients, employees, subcontractors and volunteers when performing services for LSS, whether at a program site, transporting persons served or in the community. Lutheran Social Service of Minnesota has, therefore, adopted this Drug and Alcohol Policy and Testing Procedures for employees and volunteers. This Policy is not intended as, and should not be construed as, a contract with any employee, subcontractor or volunteer. This Policy applies to all employees, subcontractors, and volunteers of Lutheran Social Service of Minnesota.

We encourage anyone needing assistance in dealing with alcohol or drug problems to seek counseling through the various private and public agencies that are available. Employees and volunteers who come forward to request treatment or leaves of absence for treatment will not be subject to discipline. Costs associated with any rehabilitation program may be covered by the employee's medical insurance plan; however, any costs not covered by the employee's medical insurance plan are entirely the employee's responsibility. LSS will comply with any applicable leave laws or policies in the event a leave is requested. Except as otherwise required by such laws or policies, LSS cannot guarantee that the employee will return to the same or a comparable position upon return to duty. LSS will train employees, subcontractors, and volunteers on the organization's alcohol and drug policy and testing procedures/

POLICY

Lutheran Social Service of Minnesota prohibits its employees, volunteers and subcontractors from engaging in the use, possession, transfer, and sale of illegal drugs, alcohol, chemicals, and/or controlled substances while engaged in work on behalf of LSS, while on LSS property (owned, leased or controlled) or while using LSS vehicles, machinery or equipment.

Lutheran Social Service of Minnesota prohibits employees, volunteers and subcontractors from reporting to work and/or engaging in work on behalf of LSS, from being on LSS property (owned, leased or controlled) or using LSS vehicles, machinery or equipment while under the influence of illegal drugs, alcohol, chemicals and/or controlled substances.

Violation of this policy by an employee will result in corrective action up to and including termination for employees.

Violation of this policy by a volunteer or contractor (or an employee of a contractor) will result in that individual being barred from performing any services for LSS in the future

Any employee convicted of criminal drug use or activity must notify their immediate supervisor/manager no later than five (5) days after the conviction.

Criminal conviction for the sale of narcotics, illegal drugs or controlled substances may result in corrective action up to and including termination.

The supervisor/manager of the service area will notify the appropriate law enforcement agency when the organization has reasonable suspicion to believe that an employee, volunteer, subcontractor may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, the organization will also notify licensing boards.

This policy applies to all official or unofficial break and meal periods, and all other times during the working day in which an employee, volunteer, subcontractor has reported for work, including unpaid meal breaks.

Where there is responsible cause to believe that a subcontractor is under the influence of illegal drugs, alcohol, chemicals, and/or controlled substances the person will be immediately escorted off of property owned or operated by Lutheran Social Service of Minnesota.

"Illegal drugs" means inhalants and controlled substances including medications that contain a controlled substance which are used for any other purpose, in any other amount, or by any other person than as prescribed or intended.

The use and possession of properly prescribed drugs or medications is permitted, provided that it does not interfere with the employee, volunteer or subcontractor's job performance or pose a direct threat to the health or safety of the employee and/or others.

The only exception to this policy is the responsible use of alcohol at an official organization-sponsored social or business event. These sponsored events must have prior review and approval from the Cabinet before alcoholic beverages are served. Lutheran Social Service facilities may not serve alcoholic beverages during normal business hours.

We encourage all employees who have knowledge of an employee, volunteer or subcontractor, violating this policy at work to report the incident to a supervisor immediately.

Drug and Alcohol Testing Procedures

PERSONS SUBJECT TO THE Drug and Alcohol POLICY and Testing Procedures

All employees and volunteers working for Lutheran Social Service of Minnesota are subject to testing. For purposes of this policy all references to employee means employees and volunteers at Lutheran Social Service of Minnesota, except where otherwise stated.

WHEN TESTING MAY BE REQUIRED

Employees may be tested under the following circumstances:

Reasonable Suspicion. An employee may be requested or required to undergo a drug and/or alcohol test if there is a reasonable suspicion that he or she:

- Is under the influence of illegal drugs, alcohol, chemicals, substances or abuse of prescription drugs; or
- Has violated the policy statement above; or
- Has been involved in a work-related accident, or has operated or helped operate machinery, equipment, or vehicles involved in a work-related accident; or
- Has been involved and is responsible for himself/herself or another employee in sustaining a personal injury. In the event of such an injury, testing will be required prior to, or concurrent with, medical treatment when feasible.

For purposes of this policy, a reasonable suspicion that permits testing may be based on one or more of a number of factors, including, but not limited to: smelling of alcohol or marijuana, displaying physical signs or symptoms customarily associated with alcohol or drug use (e.g. glassy eyes, slurred speech), displaying violent or unusually confrontational or argumentative behavior, showing a major personality change, disregarding safe operating procedures of equipment/machines or placing another person's safety in jeopardy by intentional or unintentional actions.

Treatment Program Testing. An employee who has been referred for chemical dependency evaluation or treatment by Lutheran Social Service of Minnesota, or who is participating in a chemical dependency program, may be requested or required to undergo a drug and/or alcohol test without prior notice at any time during the evaluation and treatment period, and for up to two years following completion of any prescribed chemical dependency treatment program.

Note: Physician prescribed use of drugs or controlled substances can adversely affect workplace safety and job performance. Therefore, if you are taking any prescription medication, you should inform the prescribing doctor of the nature of your job and ask whether the medication poses a threat to your health or safety on the job, or to that of others. If your doctor believes that such a threat exists, you must inform your supervisor accordingly.

RIGHTS TO REFUSE TO BE TESTED

An employee has a right to refuse to be tested. However, any employee who refuses to submit to a test, refuses to comply with any requirement imposed by this policy, or who engages in behavior which prevents meaningful completion of testing (including tampering with the sample or testing materials, or behavior intended to provide a diluted sample) will be subject to disciplinary action up to and including termination.

CONSEQUENCES OF A NEGATIVE TEST

If the result of the initial drug and alcohol screening is negative, or if the results of the confirmatory test or confirmatory retest (these tests are explained below) are negative, the employee is considered to have satisfactorily completed the drug and/or alcohol test.

CONSEQUENCES OF A POSITIVE TEST

- **Initial Screening.** If the initial result on the drug and alcohol screening is positive, the sample which was tested will automatically be subject to a confirmatory test. No employee will be discharged, disciplined, discriminated against, or requested or required to undergo rehabilitation solely on the basis of a positive result on an initial screening.
- **Confirmatory Test.** If the confirmatory test result is also positive, the employee may be subject to disciplinary action up to and including termination subject to the following:

First Positive Test Result For Employees. An employee will not be discharged for a positive result on a confirmatory test for alcohol and/or illegal drug which was the first such result on a test requested or required by Lutheran Social Service of Minnesota unless he or she has been given the opportunity to participate in a drug or alcohol counseling or rehabilitation program and either has refused to participate, or has failed to successfully complete the counseling program.

Employees required to attend a counseling or rehabilitation program will be required to inform the agency of the type of program to which they have been referred. If the counseling or rehabilitation program permits immediate return to work, the employee will be returned to work on the next regularly scheduled shift.

If the employee is referred to an outpatient treatment program, then the employee must agree to attend and must provide Lutheran Social Service of Minnesota with certification from the treatment provider regarding the expected length of treatment. The employee will be returned to work only after the treatment provider certifies the employee's ability to return. If the employee is certified to return before completion of the outpatient program, the employee will be asked to provide weekly certification from the treatment provider of continued participation in the outpatient program.

First Positive Test Result For Employees (cont.) If the employee fails or refuses to provide such certification, Lutheran Social Service of Minnesota will not return the employee to work prior to completion of the program. In all cases, the employee must present evidence of satisfactory completion of the treatment program in order to maintain employment.

If the evaluation results in a referral to inpatient treatment, the employee must agree to attend and will not be returned to work until Lutheran Social Service of Minnesota receives evidence of satisfactory completion of the program.

Subsequent Positive Test Result For Employees. An employee who receives a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by Lutheran Social Service of Minnesota and who has previously received a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by Lutheran Social Service of Minnesota may be disciplined up to and including discharge.

First Positive Test Result For Volunteers. A volunteer who receives a positive result on a test for alcohol and/or illegal drugs requested or required by Lutheran Social Service of Minnesota will be barred from performing further services of any kind..

SUSPENSIONS

Employees may be suspended from work without pay pending receipt of testing results, if the Company believes this is consistent with a safe workplace. Any suspended employee who receives a negative result on the drug and alcohol test will be reinstated with full back pay.

APPEAL RIGHTS

Any employee who tests positive on a confirmatory test will have three (3) working days (Monday through Friday) following the day on which the employee is notified of the positive confirmatory test result to disclose drugs/medications that they have taken and/or other information to explain the test result. In addition, an employee who tests positive on a confirmatory test will have five (5) working days following the day on which he or she is notified of the confirmatory test result to advise Lutheran Social Service of Minnesota in writing of his or her desire to request a confirmatory retest of the original sample at the individual's own expense.

HOW TESTS ARE CONDUCTED

- **Authorized Laboratory.** A laboratory authorized under Minnesota law to perform alcohol and drug tests will conduct testing. All testing will be based upon urine and/or blood samples, or any other technology deemed appropriate by the testing laboratory.
- **Sample Collection.** Employees requested or required to take a drug and/or alcohol test may be escorted by a manager, supervisor or other appointed individual to the

designated sample collection site. If the designated sample collection site is not open at the time that testing is requested, a sample may be collected either by asking that the designated sample collection site send a representative to the company premises or by visiting the emergency room of a local hospital or another authorized facility.

- **Employee Notification.** An employee who is to be tested for illegal drugs and/or alcohol will be given a copy of this drug and alcohol testing policy and an opportunity to read it before testing occurs.
- **Use of Additional Information.** Any medical information provided by an employee after a confirmed positive test result will be used solely for the purpose of evaluating the reliability of the drug and alcohol test administered to the employee. Nobody will be terminated, disciplined, discriminated against, or requested or required to undergo rehabilitation based upon medical history information provided in response to a confirmed positive test result—unless the individual had a duty to provide that information before, during or after the time they were hired.

COMMUNICATION OF TEST RESULTS

Within three (3) working days of receiving a test result from a testing laboratory, Lutheran Social Service of Minnesota (or its designated medical review officer) will notify the employee, in writing, of the test results and the individual's right to a copy of the test result report. If the confirmatory test is positive, Lutheran Social Service of Minnesota (or its designated medical review officer) will notify the employee of their right for a confirmatory retest at their own expense and the right to receive a copy of the test result report.

CONFIDENTIALITY

Test result reports and other information acquired in the testing process is private and confidential information, except where such reporting is permitted or required by law.



IMPORTANT NOTICE

The policies, rules and procedures contained in this policy supersede any and all existing employee handbook/manual or other policy statements to the extent that there is any inconsistency. The interpretation of this policy resides with the Chief HR Officer/Vice President.

Date of last Policy Review: _____ Date of Last Policy Revision: _____

POLICY EXCEPTIONS

Nothing in this policy limits or restricts the right of Lutheran Social Service of Minnesota management personnel to discipline or terminate an employee for conduct which violates a policy of Lutheran Social Service of Minnesota or mandates of contractual agreements.