



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR CITY PROGRAMS (Ongoing City Programs Only) PROGRAM YEAR 2023-24

SECTION I --- Program

Program Name: CDBG Administration Operating Department: Development Services
CDBG Request Amount: \$67,725.55 Program Funding Source (s): CDBG Only X CDBG and Others
Program Is: X Multi-year On-going New and One-time Program
Completion Date: End of Program Year X On-going Until Funds are Exhausted

SECTION II --- Program Description and Eligibility Information

Program Description: Administrative costs associated with administering the CDBG Program

Beneficiaries: X N/A LMI Households LMI Area
Projected Needs: Minimum CDBG Grant Required:
Should Grant Be Less Than Requested: Will Not Work Will Result in Less Benefit X No/Little Impact

Signature - Person Completing the Application: Sarah Tilbury, Title: CDBG Administrator Development Services, Date: 2/2/2023
Signature - Person Authorizing the Application: Amy Koensman, Title: Administration Manager Development Services, Date: 2/27/2023

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LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2023-24

Agency Name Coldwater of Lee's Summit
 Name of the Program/Project BackSnacks/Weekend Food Packs
 You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	Check All That Apply	Goals and Priority Needs
Planning and CDBG Administration	<input type="checkbox"/>	Planning and CDBG Program Administration (City)
	<input type="checkbox"/>	Increase and Improve Availability of and Access to Information Especially to Benefit Persons CDBG is Designed to Help
Public Services	<input checked="" type="checkbox"/>	Provide Basic Social Service Needs to Eligible Clients (food, nutrition, school supplies, clothing, utility assistance, rental, medical assistance, etc.)
	<input type="checkbox"/>	Provide Transportation for Eligible Clients (to access social services)
	<input type="checkbox"/>	Provide Domestic Violence Assistance (shelters, counseling, daycare, etc.)
	<input type="checkbox"/>	Provide Counseling for Eligible Youth and Adults with Mental, Physical and Substance Abuse Challenges
	<input type="checkbox"/>	Provide Senior Services
	<input type="checkbox"/>	Provide Coordination of CDBG-assisted Public Services
	<input type="checkbox"/>	Provide Counseling for Homeless Persons/Families in Transitional Housing
Housing and Homelessness	<input type="checkbox"/>	Provide/Increase Affordable Housing, including Public Housing
	<input type="checkbox"/>	Housing Rehabilitation and Repairs for Low-Moderate Income Residents
	<input type="checkbox"/>	Provide Transitional Housing for the Homeless
	<input type="checkbox"/>	Eliminate ADA Barriers to Providing Accessible Housing for Seniors & Disabled Persons
	<input type="checkbox"/>	Provide Shelter for Domestic Violence Victims
Public Infrastructure	<input type="checkbox"/>	Replacing Existing Sidewalks and Fill Sidewalk Gaps (not minor maintenance projects) in LMI Neighborhoods
	<input type="checkbox"/>	Address Storm Drainage Issues in Low-Moderate Income Areas
If None Above Applies, You May Check Here and Explain Your Program Objective.		

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2023-24**

All applications must be submitted by 5:00 p.m. Friday, February 3, 2023. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Applicant Agency Name:	Coldwater of Lee's Summit	Program/Project Title:	BackSnacks/Weekend Food Packs
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Program Service Address:	Meadow Lane Elementary 1421 NE Independence Ave. Lee's Summit, MO 64086 and other schools
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	838 SW Blue Parkway	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2022-23 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's UEI #:	UQEHFZL55AY5	Total Estimated Cost:	\$64,500
Total Organization Annual Budget in FY 2023-24:	\$338,950	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>258</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>250</u>. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>226</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2023-24:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$0	CDBG Funding Request for 2023-24	\$8,000
Executive Director:	Monica Humbard	In 2023, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T:816-786-0758 E:director@coldwater.me	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2022-23:	\$8,000		
Program Administrator/ Key Contact Person:	Monica Humbard		
Phone/ E-Mail:	T:816-786-0758 E:director@coldwater.me		
Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

Development Services

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Coldwater partners with Harvesters to provide up to 158 weekend food packs through the Harvesters BackSnack program and purchases product to pack an additional up to 100 weekend food packs for chronically hungry preschool, elementary, middle school, and high school students in the Lee's Summit School District. Research has shown that children who receive weekend food packs perform better academically and behaviorally in school and have fewer absences and tardies. The weekend food packs also provide nutritional meals benefitting overall health for the children.</p>
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SECTION II --- Program Description and Eligibility Information

Please print clearly and make sure all blanks are completed unless instructed otherwise.

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes:</p> <p>(Check closest one)</p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>Program Objectives:</p> <p>(Check closest one)</p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 (Lowest)</p>	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input checked="" type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
		<p>Describe How Outcomes are Measured:</p>	<p>Currently, we measure outcomes based on the criteria established by CDBG. Harvesters provides information on the evaluation and outcomes of their BackSnack program. We also rely on feedback from counselors, teachers, and principals at the schools we serve.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2022-23	\$8,000	BackSnacks/Weekend Food Packs	Yes, 32 students received food packs with CDBG funds
2021-22	\$5,525	BackSnacks/Weekend Food Packs	Yes, 22.1 students received food packs with CDBG funds
2020-21	\$5,048	BackSnacks/Weekend Food Packs	Yes, 20.2 students received food packs with CDBG funds
2019-20	\$7,760	BackSnacks/Weekend Food Packs	Yes, 31 students received food packs with CDBG funds

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

Please print clearly and make sure all blanks are completed unless instructed otherwise.

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap. Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs.

FY 2023-24 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
OTHERS										
Meals and Nutrition		\$64,500	\$13,000	\$18,000	\$8,000	\$		\$		\$25,500
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$64,500	\$13,000	\$18,000	\$8,000	\$		\$		\$25,500
Notes										



SECTION IV --- Agency Capacity Assessment and Program Management System

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) **The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.**

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>The principals and counselors at each school have worked together with the district to determine the following criteria in selecting the students:</p> <ol style="list-style-type: none"> 1. Received free or reduced school meals. 2. Observed need, crisis situation or in need of financial assistance with school activities. 3. Referral from parent. 4. Referral from teacher, administrator or SAP. <p>The school district has strict policies to determine eligibility for students to receive free or reduced lunches.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>																											
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input type="checkbox"/> Full-time secretarial/clerical person</p> <p><input type="checkbox"/> Certified financial/accounting person on staff</p> <p><input type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</td> <td style="width: 20%;">Amount</td> <td style="width: 20%;">Why</td> </tr> <tr> <td></td> <td style="text-align: center;">\$2,500</td> <td style="text-align: center;">To maintain the minimum number of students served</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Fee Schedule for this Program, if Fees are Charged for this Service:</td> <td style="width: 20%;">Fee Type</td> <td style="width: 20%;">Amount</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2"><input checked="" type="checkbox"/> No fee for participating in this program</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</td> <td style="width: 20%;">Unit Type</td> <td style="width: 20%;">Rate Per Unit</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3">Notes:</td> </tr> </table>	Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	Amount	Why		\$2,500	To maintain the minimum number of students served	Fee Schedule for this Program, if Fees are Charged for this Service:	Fee Type	Amount					<input checked="" type="checkbox"/> No fee for participating in this program		If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	Unit Type	Rate Per Unit			\$			\$	Notes:		
Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	Amount	Why																											
	\$2,500	To maintain the minimum number of students served																											
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		\$																											
		\$																											
Notes:																													
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p> <p><input checked="" type="checkbox"/> All expended before the end of 2023</p> <p><input type="checkbox"/> All expended by the end of June 2024, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2024, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>																											



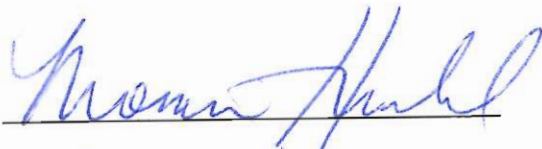
SECTION V --- Certifications

Please print clearly and make sure all blanks are completed unless instructed otherwise.

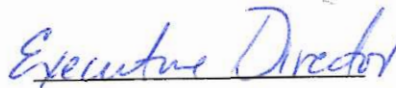
I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify and secure other funding for this program. I understand that the City's CDBG funding is limited and should be directed to high priority programs and projects and this application should not be considered as a guarantee that CDBG funding will be granted for this program. I further understand that CDBG funded activities must be carried out within the existing City Limits of the City of Lee's Summit, Missouri.

__Coldwater of Lee's Summit____ (Name of Agency Requesting CDBG Funding) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Lee's Summit.

I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking and reporting requirements and for all necessary adjustments to the agency's management and operation procedures so that they are in compliance.



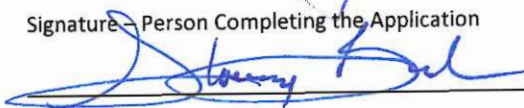
Signature – Person Completing the Application



Title



Date



Signature – President/CEO of the Agency



Title



Date

Signature – Board of Directors Chair/President

Title

Date





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2023-24

Agency Name: Hope House, Inc.

Name of the Program/Project: Hope House's Court Advocacy Program

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	Check All That Apply	Goals and Priority Needs
Planning and CDBG Administration	<input type="checkbox"/>	Planning and CDBG Program Administration (City)
	<input type="checkbox"/>	Increase and Improve Availability of and Access to Information Especially to Benefit Persons CDBG is Designed to Help
Public Services	<input type="checkbox"/>	Provide Basic Social Service Needs to Eligible Clients (food, nutrition, school supplies, clothing, utility assistance, rental, medical assistance, etc.)
	<input type="checkbox"/>	Provide Transportation for Eligible Clients (to access social services)
	X	Provide Domestic Violence Assistance (shelters, counseling, daycare, etc.)
	<input type="checkbox"/>	Provide Counseling for Eligible Youth and Adults with Mental, Physical and Substance Abuse Challenges
	<input type="checkbox"/>	Provide Senior Services
	<input type="checkbox"/>	Provide Coordination of CDBG-assisted Public Services
	<input type="checkbox"/>	Provide Counseling for Homeless Persons/Families in Transitional Housing
Housing and Homelessness	<input type="checkbox"/>	Provide/Increase Affordable Housing, including Public Housing
	<input type="checkbox"/>	Housing Rehabilitation and Repairs for Low-Moderate Income Residents
	<input type="checkbox"/>	Provide Transitional Housing for the Homeless
	<input type="checkbox"/>	Eliminate ADA Barriers to Providing Accessible Housing for Seniors & Disabled Persons
	<input type="checkbox"/>	Provide Shelter for Domestic Violence Victims
Public Infrastructure	<input type="checkbox"/>	Replacing Existing Sidewalks and Fill Sidewalk Gaps (not minor maintenance projects) in LMI Neighborhoods
	<input type="checkbox"/>	Address Storm Drainage Issues in Low-Moderate Income Areas
If None Above Applies, You May Check Here and Explain Your Program Objective.		

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



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**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2023-24**

All applications must be submitted by 5:00 p.m. Friday, February 3, 2023. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Applicant Agency Name:	Hope House, Inc.	Program/Project Title:	Court Advocacy Program
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	Multiple Sites: Lee's Summit Police Department & Municipal Court, Confidential Address of Hope House
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	PO Box 577	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, MO	The Plan for 2022-23 is: (Check one)	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	948450614/UEI: CWMWZ4U2BQP5	Total Estimated Cost:	\$515,272.48
Total Organization Annual Budget in FY 2023-24:	\$7,244,191.89	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#): approx. 300 clients with 100 of those clients residing in Lee's Summit. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) 168.95. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) approx. 300 clients with 100 of those clients residing in Lee's Summit.
Total Federal \$\$\$ to be Expended during Agency's FY 2023-24:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$3,444,192.40	CDBG Funding Request for 2023-24	\$20,000.00
Executive Director:	MaryAnne Metheny	In 2023, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	P:816-257-9331 E: mmetheny@hopehouse.net	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2022-23:	\$4,381,883.13		
Program Administrator/ Key Contact Person:	Brandi Bair, Director of Grants and Compliance		
Phone/ E-Mail:	P: 816-257-9349 E:BBair@hopehouse.net		
Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input checked="" type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

Development Services

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Hope House’s Court Advocacy Program has built a coordinated community response to domestic violence, put a spotlight on offender behavior and accountability, and provided support, resources, and referrals to thousands of domestic violence survivors. Hope House’s Court Advocacy Program offers six full-time Advocates 24 hours a day, 7 days a week through an on-call rotation and provides guidance and support in 13 area courts, including Order of Protection Court. Advocates work directly with detectives in five local police departments and have access to domestic violence police reports in ten municipal court jurisdictions. Advocates remain involved with survivors through every facet of the court process, providing the consistency needed by survivors as they navigate the confusing and often times daunting and lengthy legal system. If awarded, grant funds will support the Lee’s Summit-based Court Advocate and ensure uninterrupted service provision for survivors of domestic violence residing in Lee’s Summit.</p>
---	--

SECTION II --- Program Description and Eligibility Information

Please print clearly and make sure all blanks are completed unless instructed otherwise.

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input checked="" type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes:</p> <p><i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
<p>Program Objectives:</p> <p><i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input checked="" type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 (Lowest)</p>	<p>At the Current Level of the Agency’s Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p>Describe How Outcomes are Measured:</p> <p>Hope House utilizes customized evaluation tools in addition to staff observations to evaluate program outcomes. Voluntary satisfaction surveys are given to clients at the time in which they engage with services. Evaluation results are entered into the agency’s client database and analyzed on a quarterly and annual basis.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2022-23	\$9,862.90	Court Advocacy Program	In Progress
2021-22	\$10,225.20	Children’s Therapy Program	Yes
2020-21	\$12,600.00	Children’s Therapy Program	Yes
2019-20	\$19,400.00	Children’s Therapy Program	Yes

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

Please print clearly and make sure all blanks are completed unless instructed otherwise.

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap. Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs.

FY 2023-24 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$322,658.28	\$	\$9,861.48	\$12,778.37	\$193,634.15	Granted	\$100,163.10	Granted and Applied	\$6,221.18
Fringe Benefits		\$83,075.23	\$	\$1,930.54	\$4,080.07	\$49,150.11	Granted	\$23,219.32	Granted and Applied	\$4,695.19
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$2,491.59	\$	\$0.04	\$100.00	\$1,280.59	Granted	\$807.04	Granted and Applied	\$303.92
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$752.52	\$	\$0.51	\$50.00	\$401.68	Granted	\$13.56		\$286.77
OPERATING EXPENSES										
Utilities		\$8439.47	\$	\$	\$50.00	\$500.00	Granted	\$2,000.00	Granted and Applied	\$
Insurance		\$15192.82	\$	\$	\$50.00	\$500.00		\$4,000.00		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$5,287.46	\$	\$	\$100.00	\$3,959.78	Granted	\$1,227.68	Granted and Applied	\$
OTHERS										
IT Tech Support		\$5,436.00	\$	\$240.67	\$100.00	\$4,766.01	Granted	\$283.08	Granted and Applied	\$46.24
All Other Direct		\$24,651.15	\$	\$38.75	\$100.00	\$2,112.55	Granted	\$22,296.26	Granted and Applied	\$103.59
Indirect Costs		\$47,287.96	\$	\$	\$2,591.55	\$1,000.00		\$1,000.00		\$42,696.41
TOTALS		\$515,272.48	\$	\$12,071.99	\$20,000.00	\$257,304.87		\$155,010.04		\$70,885.58
<i>Notes</i>	Hope House is the current recipient of funding from the Office on Violence Against Women, Victims of Crime Act, State Services to Victims Fund, COMBAT, and City of Independence Court Grant. Hope House has also secured private funding for this program and continues to request private funding for this program.									



SECTION IV --- Agency Capacity Assessment and Program Management System

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) **The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.**

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Hope House's Court Advocacy Program does not have a formal intake process. Clients access program services through referrals from local police departments, Full Order of Protection Court, and/or other Hope House staff. During non-court contacts, such as call outs, Court Advocates are able to gather more detailed information and provide additional support and resources to survivors. A copy of the information gathered by Advocates as well as resources provided to clients is attached.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input checked="" type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>								
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input checked="" type="checkbox"/> Full-time secretarial/clerk person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<p>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Amount</th> <th style="width: 40%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$5,000.00</td> <td>The amount requested is the minimum amount needed to maintain service levels without interruption.</td> </tr> </tbody> </table>	Amount	Why	\$5,000.00	The amount requested is the minimum amount needed to maintain service levels without interruption.				
Amount	Why										
\$5,000.00	The amount requested is the minimum amount needed to maintain service levels without interruption.										
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Fee Type</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> No fee for participating in this program</td> <td></td> </tr> </tbody> </table>	Fee Type	Amount	<input checked="" type="checkbox"/> No fee for participating in this program					
Fee Type	Amount										
<input checked="" type="checkbox"/> No fee for participating in this program											
<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>	<p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Unit Type</th> <th style="width: 40%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td>Lee's Summit based Court Services</td> <td style="text-align: center;">\$168.95</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2">Notes:</td> </tr> </tbody> </table> <p><input type="checkbox"/> All expended before the end of 2023</p> <p><input type="checkbox"/> All expended by the end of June 2024, but expenditures will be evenly distributed to each quarter</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2024, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>	Unit Type	Rate Per Unit	Lee's Summit based Court Services	\$168.95		\$	Notes:	
Unit Type	Rate Per Unit										
Lee's Summit based Court Services	\$168.95										
	\$										
Notes:											

SECTION V --- Certifications

Please print clearly and make sure all blanks are completed unless instructed otherwise.

I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify and secure other funding for this program. I understand that the City's CDBG funding is limited and should be directed to high priority programs and projects and this application should not be considered as a guarantee that CDBG funding will be granted for this program. I further understand that CDBG funded activities must be carried out within the existing City Limits of the City of Lee's Summit, Missouri.

Hope House, Inc. (Name of Agency Requesting CDBG Funding) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Lee's Summit.

I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking and reporting requirements and for all necessary adjustments to the agency's management and operation procedures so that they are in compliance.

<u>Brandi Bair</u> Signature – Person Completing the Application	<u>Director of Grants and Compliance</u> Title	<u>01 / 24 / 2023</u> Date
<u>MaryAnne Metheny</u> Signature – President/CEO of the Agency	<u>Chief Executive Officer</u> Title	<u>01 / 24 / 2023</u> Date
<u>Julie Ross</u> Signature – Board of Directors Chair/President	<u>Board of Directors Chair</u> Title	<u>01 / 24 / 2023</u> Date





The journey ahead
starts here, together.

January 24, 2022

City of Lee's Summit
Sarah Tilbury
220 SE Green Street
Lee's Summit, MO 64063

**2022-2023
Board of Directors**
Julie Ross | Chair
Abby Mocek | Chair
Elect
Immediate Past
Chair |
Angela Ross
Presnell
Doug Schmitt |
Treasurer
Jaime Simpson
|Secretary
Matt Oldroyd | At
Large
Laney Abraham
Sam Dean
Amy Doll
TJ Dunavant
Adrienne Foster
Erica Froelich
Nicole Harris
Crystal Howard
Joe Kauten
Laura Landes
Kerrie Lindberg
Julie Lonergan
Drew McMonigle
Camille Roe
Tara Steiner
Janelle Williams

Dear Ms. Tilbury,

Hope House proposes billing by unit cost. The current unit cost for one hour of court advocacy service is \$168.95. This is calculated by dividing the Fiscal Year 2023 budget for one FTE Court Advocate by the average units of service provided annually by that Advocate in Fiscal Years 2019-2022 as shown below.

Salary		\$40,398.36
FICA/Medicare		\$3,090.47
Unemployment		\$540.00
Health Insurance		\$8,496.00
403(b) Hope House Match		\$403.98
Workers' Compensation		\$368.55
Technical Support		\$346.32
Phone Service		\$193.65
Postage		\$28.32
Meeting Expense		\$60.00
Mileage/Parking		\$270.00
Office Supplies		\$60.00
Copier		\$111.96
Administrative Overhead		\$7,230.90
Facilities Overhead		\$1,630.76
FY 2023 Budget		\$63,229.27
Number of Lee's Summit Court units – 4-year average FY19 to FY22	374.25	
Unit Cost		\$168.95



The journey ahead
starts here, together.

Thank you for your time. If you have any questions, please contact Ashley Freivogel, Chief Financial Officer, at either 816-257-9332 or afreivogel@hopehouse.net.

Sincerely,

A handwritten signature in black ink that reads "MaryAnne Metheny".

MaryAnne Metheny
Chief Executive Officer



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2023-24

Agency Name Lee's Summit Social Services

Name of the Program/Project Operating Expenses

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Table with 3 columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Planning and CDBG Administration, Public Services, Housing and Homelessness, and Public Infrastructure.

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2023-24**

All applications must be submitted by 5:00 p.m. Friday, February 3, 2023. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Applicant Agency Name:	Lee's Summit Social Services	Program/Project Title:	Operating Expenses
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	108 SE 4th Street, Lee's Summit, Mo 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	108 SE 4th Street,	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2022-23 is: (Check one)	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	80-5698255	Total Estimated Cost:	\$54,975.00
Total Organization Annual Budget in FY 2023-24:	\$701,000.00	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>2,200</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>2,200</u>. • <input checked="" type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#)<u>2,200</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2023-24:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$	CDBG Funding Request for 2023-24	\$30,000.00
Executive Director:	Matt Sanning	In 2023, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input checked="" type="checkbox"/> With CDBG as a primary funding source <input type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T: 8165254357 E: matt@lssocialservices.com	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2022-23:	\$ 371,096.40		
Program Administrator/ Key Contact Person:	Megan Salerno		
Phone/ E-Mail:	T: 8165254357 E: megan@lssocialservices.com		
Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

Brief Description of the Program/Project and the Impact the Requested CDBG funds will have: (150 words or less)	Lee's Summit Social Services is an Emergency Assistance agency serving low-income families and individuals in the community with basic necessities. Very careful records are kept and all reports are an unduplicated count of individuals served. CDBG funds have a significant impact on our community in a number of ways. One of the largest annual expenditures continues to be utilities, insurance, and vehicle costs incurred through full-time operations. Grant money received from CDBG continues to allow the agency to be reimbursed for those expenditures and then allocate that money toward the growing need in the community.
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SECTION II --- Program Description and Eligibility Information

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Does the Program Satisfy Any of These National Objective Related Qualifiers?	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	Program Outcomes: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
Program Objectives: <i>(Check closest one)</i>	<input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	Are there any Overlapping Services Provided by Other Agencies in the Area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	<input checked="" type="checkbox"/> 100% or Close <input type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		Describe How Outcomes are Measured:	Outcomes are measured by reports from Mid-America Assistance Coalition data generated from information on client intakes by Social Worker. These reports measure the number and percentage of clients and the demographics. The reports show LSSS is a safety net, keeping clients from homelessness, utility shut-off, and hunger.

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2022-23	\$18,685.40	Operating Expenses	Yes
2021-22	\$ 16940.29	Operating Expenses	Yes
2020-21	\$17,640.00	Operating Expenses	Yes
2019-20	\$ 0.00	Operating Expenses	Yes

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

Please print clearly and make sure all blanks are completed unless instructed otherwise.

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap. Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs.

FY 2023-24 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Utilities		\$ 25,000.00	\$ 10,000.00	\$	\$15,000.00	\$		\$		\$
Insurance		\$ 26,475.00	\$ 12,475.00	\$	\$14,000.00	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$ 3,500.00	\$ 2,500.00	\$	\$1,000.00	\$		\$		\$
OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$ 54,975.00	\$24,975.00	\$	\$30,000.00	\$		\$		\$
Notes										



SECTION IV --- Agency Capacity Assessment and Program Management System

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) **The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.**

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Lee's Summit Social Services uses the Mid-America Assistance Coalition intake form which requires clients state and federal identification, all household members names, dates of birth, social security numbers, income and address verification. Budget workup is done by a social worker and eligibility is determined by income guidelines and emergency needs. Assistance is given and referrals are made as needed.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>								
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input checked="" type="checkbox"/> Full-time Secretarial/clerical person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input checked="" type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<p>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Amount</th> <th style="width: 70%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 20,000</td> <td>As utility and insurance costs are mainly fixed, we will help all clients as needs arise, but may have to lower amount per client.</td> </tr> </tbody> </table>	Amount	Why	\$ 20,000	As utility and insurance costs are mainly fixed, we will help all clients as needs arise, but may have to lower amount per client.				
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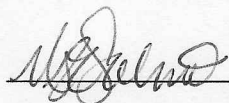
SECTION V --- Certifications

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I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify and secure other funding for this program. I understand that the City's CDBG funding is limited and should be directed to high priority programs and projects and this application should not be considered as a guarantee that CDBG funding will be granted for this program. I further understand that CDBG funded activities must be carried out within the existing City Limits of the City of Lee's Summit, Missouri.

Lee's Summit Social Services (Name of Agency Requesting CDBG Funding) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Lee's Summit.

I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking and reporting requirements and for all necessary adjustments to the agency's management and operation procedures so that they are in compliance.



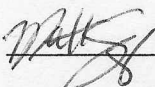
Signature – Person Completing the Application

Assistant Director

Title

2/3/2023

Date



Signature – President/CEO of the Agency

Executive Director

Title

2/3/2023

Date



Signature – Board of Directors Chair/President

Board Chair

Title

2-3-2023

Date





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2023-24

Agency Name Hillcrest Ministries of MidAmerica, Inc., dba Hillcrest Transitional Housing

Name of the Program/Project Transitional Housing for the Homeless in Lee's Summit, Missouri

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	Check All That Apply	Goals and Priority Needs
Planning and CDBG Administration	<input type="checkbox"/>	Planning and CDBG Program Administration (City)
	<input type="checkbox"/>	Increase and Improve Availability of and Access to Information Especially to Benefit Persons CDBG is Designed to Help
Public Services	X	Provide Basic Social Service Needs to Eligible Clients (food, nutrition, school supplies, clothing, utility assistance, rental, medical assistance, etc.)
	<input type="checkbox"/>	Provide Transportation for Eligible Clients (to access social services)
	<input type="checkbox"/>	Provide Domestic Violence Assistance (shelters, counseling, daycare, etc.)
	<input type="checkbox"/>	Provide Counseling for Eligible Youth and Adults with Mental, Physical and Substance Abuse Challenges
	<input type="checkbox"/>	Provide Senior Services
	X	Provide Coordination of CDBG-assisted Public Services
Housing and Homelessness	X	Provide/Increase Affordable Housing, including Public Housing
	<input type="checkbox"/>	Housing Rehabilitation and Repairs for Low-Moderate Income Residents
	X	Provide Transitional Housing for the Homeless
	<input type="checkbox"/>	Eliminate ADA Barriers to Providing Accessible Housing for Seniors & Disabled Persons
	<input type="checkbox"/>	Provide Shelter for Domestic Violence Victims
Public Infrastructure	<input type="checkbox"/>	Replacing Existing Sidewalks and Fill Sidewalk Gaps (not minor maintenance projects) in LMI Neighborhoods
	<input type="checkbox"/>	Address Storm Drainage Issues in Low-Moderate Income Areas
If None Above Applies, You May Check Here and Explain Your Program Objective.		

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2023-2024**

All applications must be submitted by 5:00 p.m. Friday, February 3, 2023. Applications can be submitted electronically to cdbg@cityofls.net.

SECTION I --- Summary

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Applicant Agency Name:	Hillcrest Ministries of MidAmerica, Inc.	Program/Project Title:	Transitional Housing for the Homeless in Lee's Summit, Missouri – Case Manager Salary
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	X On Site € Off Site € Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	501 SW Mission Road Lee's Summit, MO 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	501 SW Mission Road	Status: (Check one)	X On-going CDBG-funded activity € On-going non-CDBG-funded activity € New multi-year activity € New one-time activity
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2022-23 is: (Check one)	X To keep the service at the current level € To expand the service above the current level € To reduce the service below the current level € N/A
Agency's DUNS #:	046415892	Total Estimated Cost:	\$235,000
Total Organization Annual Budget in FY2023-24:	\$4,166,780	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) <u>192</u>. If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>1,223.96</u>. € Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) <u>128</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY2023-24:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$0	CDBG Funding Request for 2023-24:	\$20,000
Executive Director:	Tom Lally	In 2023, This Service will be Paid for:	€ With CDBG as the only funding source € With CDBG as a primary funding source X With CDBG as a secondary funding source
Phone / Email:	T:913-291-7359 E:tom@hillcrestkc.org	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY202223	\$0		
Program Administrator/ Key Contact Person:	Tom Lally		
Phone / Email:	T:913-291-7359 E:tom@hillcrestkc.org		
Client Eligibility by CDBG Definition: (Check one)	X 100% L/M Income € Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) € Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) € None of the Above		

Development Services

Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)	Hillcrest Transitional Housing of Mid-America requests support for the Case Manager's salary in our Lee's Summit, Missouri transitional housing location where sixteen transitional housing apartments are provided to homeless households. The Case Manager provides direct supportive services to residents, assisting them with employment, budgeting, life-skills, counseling, reducing or ending welfare benefits, and finding and securing permanent housing.
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SECTION II --- Program Description and Eligibility Information

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Does the Program Satisfy Any of These National Objective Related Qualifiers?	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)	Program Outcomes: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
Program Objectives: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	Are there any Overlapping Services Provided by Other Agencies in the Area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	<input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
Describe How Outcomes are Measured:	<input type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	Outcomes will be measured using client pre and post program surveys, program and client data tracked in the local Homeless Management Information System, Caseworthy, client files, and historical program data. The program is evaluated on an ongoing basis, with input from clients, staff, and volunteers, to determine what works, what needs improvement, and if any changes should be implemented.	

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2022-23	\$13,463.00	Transitional Housing for Homeless Families	Yes
2021-22	\$19,536.64	Transitional Housing for Homeless Families	Yes
2020-21	\$25,123.12	Transitional Housing for Homeless Families	Yes
2019-20	\$3,191.76	Transitional Housing for Homeless Families	Yes

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

Please print clearly and make sure all blanks are completed unless instructed otherwise.

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap. Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs.

FY 2023-24 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$84,000	\$64,000		\$20,000					
Fringe Benefits		\$15,000	\$15,000							
BIG-TICKET EQUIPMENT										
Computers										
Appliances										
Motorized Vehicle										
OFFICE SUPPLIES										
General Office Supplies		\$2,000	\$2,000							
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$5,000								\$5,000
OPERATING EXPENSES										
Utilities		\$45,000	\$20,000							\$25,000
Insurance		\$20,000	\$20,000							
Legal Services										
Transportation Related		\$2,000								\$2,000
OTHERS										
Meals and Nutrition		\$5,000								\$5,000
Rental Assistance		\$20,000								\$20,000
Maintenance		\$32,000	\$22,000							\$10,000
Other Resident Needs		\$5,000								\$5,000
TOTALS		\$235,000	\$143,000		\$20,000					\$72,000
<i>Notes</i>										



SECTION IV --- Agency Capacity Assessment and Program Management System

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<p>Describe your Program In-take and Client Eligibility Verification and Determination Procedure: <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Anyone interested in Hillcrest must submit a written application in person or via the website. It is then the applicant's responsibility to contact Hillcrest daily to express an ongoing interest in the program. Once a program unit is available, the applicant will be invited to an interview. A committee of staff members visits with each applicant about their needs, concerns, and goals. When the family attends the interview, it is helpful to have information about debts and sources of income. At that time, we provide more details about the program. A decision is made within 24 hours of the interview as to whether the program is a good fit for the applicant.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p>€ Withdraw application for funding this year € Scale down the program resulting in less clients served € Make changes to the program without reducing the number of clients served X Make up the differences with other funds available to my agency € No sure what we can do with that amount</p>										
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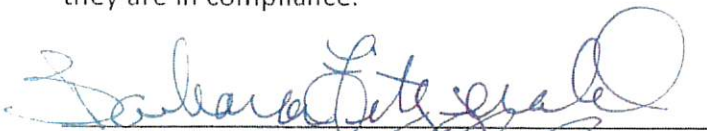
SECTION V --- Certifications

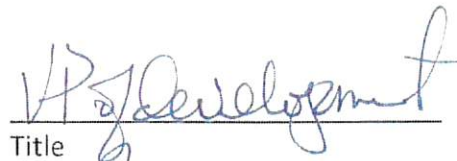
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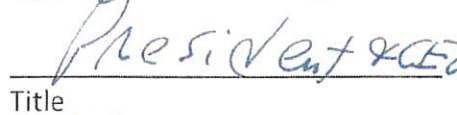
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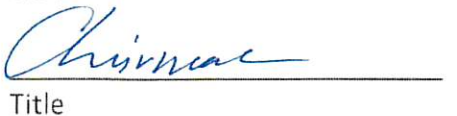

Signature – Person Completing the Application

 VP of Development
Date 2/2/23


Signature – President/CEO of the Agency

 President & CEO
Date 2-2-23


Signature – Board of Directors Chair/President

 Chairman
Date 2/2/23





LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2023-24

Agency Name _____

Name of the Program/Project _____

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
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	<input type="checkbox"/>	Provide Senior Services
	<input type="checkbox"/>	Provide Coordination of CDBG-assisted Public Services
	<input type="checkbox"/>	Provide Counseling for Homeless Persons/Families in Transitional Housing
Housing and Homelessness	<input type="checkbox"/>	Provide/Increase Affordable Housing, including Public Housing
	<input type="checkbox"/>	Housing Rehabilitation and Repairs for Low-Moderate Income Residents
	<input type="checkbox"/>	Provide Transitional Housing for the Homeless
	<input type="checkbox"/>	Eliminate ADA Barriers to Providing Accessible Housing for Seniors & Disabled Persons
	<input type="checkbox"/>	Provide Shelter for Domestic Violence Victims
Public Infrastructure	<input type="checkbox"/>	Replacing Existing Sidewalks and Fill Sidewalk Gaps (not minor maintenance projects) in LMI Neighborhoods
	<input type="checkbox"/>	Address Storm Drainage Issues in Low-Moderate Income Areas
If None Above Applies, You May Check Here and Explain Your Program Objective.		

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.

Development Services

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1200 | F: 816.969.1221 | cityofLS.net



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
CONSTRUCTION APPLICATION
PROGRAM YEAR 2023-24**

All applications must be submitted by 5:00 p.m. Friday, February 3, 2023. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Applicant Agency Name:		Program/Project Title:	
Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of Project: <i>(Check one)</i>	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Status: <i>(Check one)</i>	<input type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>		Total Estimated Project Cost: <i>(Do not fill this blank until you finish the entire form)</i>	\$
City/State/Zip:		Cost Estimate Is Based on: <i>(You may attach the estimate details)</i>	
Agency's DUNS #:		Cost Estimate Includes: <i>(Majority of construction and reconstruction projects require these for procurement)</i>	<input type="checkbox"/> Property Survey <input type="checkbox"/> Engineering Design <input type="checkbox"/> Bid Advertising <i>(in 2 papers at minimum, one of which must be a minority paper)</i>
Total Organization Annual Budget in FY 2023-24:	\$	Cost Estimate Also Includes: <i>(May be required for procurement)</i>	<input type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon)
Executive Director:		# of Clients to be Served:	<i>(Only clients enrolled for service)</i>
Telephone:	T:	Client Eligibility by CDBG Definition: <i>(Check one)</i>	<input type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
Email Address:		Amount of CDBG Funding Request for 2023-24:	\$
Governed by Board of Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specifically what will CDBG Funds Pay For?	<i>(Be as specific as possible and avoid using general terms.)</i>
Total Annual Federal Grants in FY2022-23:	\$	If Expected, are the Other Funds Secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Federal \$\$\$ to be Expended during Agency's FY2022-23:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$		
Prior Experience with Similar Projects Funded with Federal Grant?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If No, skip the next question)</i>		
Name the Most Recent Such Project and Year:			
Project Manager:			
Telephone:	T:		
Email Address:			
Project Key Contact:			
Telephone:	T:		
Email Address:			

Project Type: <i>(Check one)</i>	<input type="checkbox"/> Acquisition of Real Property for Public Use <input type="checkbox"/> Demolition for a Public Purpose <input type="checkbox"/> Not-for-profit Facility Reconstruction <input type="checkbox"/> Not-for-profit Facility New Construction <input type="checkbox"/> Public Facility/Infrastructure Improvement <input type="checkbox"/> Housing Rehabilitation/Repairs <input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents	Brief Description of the Project and the Impact the Requested CDBG Grant will have: <i>(150 words or less)</i>	
---	--	---	--

Development Services

SECTION II --- Project Description and Eligibility Information

Please print clearly and make sure all blanks are *completed* unless instructed otherwise.

<p>Does the Project Satisfy Any of These National Objective Related Qualifiers?</p>	<input type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a qualified Census Tract <i>(Contact the City for determination)</i> <input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income <i>(A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</i> <input type="checkbox"/> Benefiting a Limited Clientele group <i>(which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV, or migrant farm workers)</i> <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>If Filing Multiple CDBG Requests, Assign a Priority: <i>(Must be different from requests.)</i></p> <input type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	
<p>Detailed Description of the Project for Which Funds are Requested:</p> <p><i>(Focus on the physical nature of the project, such as degree of physical deterioration the existing facility and specific improvements needed to correct the problem.)</i></p>		<p>Project Objectives: <i>(Check closest one)</i></p> <input type="checkbox"/> Providing improved and suitable living environment <i>(such as eliminating physical barriers for the disabled)</i> <input type="checkbox"/> Providing decent housing <i>(such as eliminating serious safety hazards from affordable housing)</i> <input type="checkbox"/> Creating economic opportunities <i>(such as creating new jobs for the disadvantaged population)</i>	
<p>Detailed Justification of the Need:</p> <p><i>(Explain why the issue has not been addressed and what has prevented it from being addressed. Explain also why CDBG will be the only solution to the issue.)</i></p>		<p>Project Outcomes: <i>(Check closest one)</i></p> <input type="checkbox"/> Availability/Accessibility <i>(Making needed facility available/accessible to qualified clients)</i> <input type="checkbox"/> Affordability <i>(Making the facility affordable to qualified clients)</i> <input type="checkbox"/> Sustainability <i>(Making the community or neighborhood more viable)</i>	<p>If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?</p> <p>Year _____</p>
<p>This Project is Directly Related to the Applicant's Service of Providing:</p>	<input type="checkbox"/> Affordable Housing and Transitional Housing <input type="checkbox"/> Public Housing/Housing Choice Voucher Program <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Childcare <input type="checkbox"/> Youth Services <input type="checkbox"/> General Public Services <input type="checkbox"/> Services for Seniors and the Disabled <input type="checkbox"/> General/Mental Health Services <input type="checkbox"/> Education Services <input type="checkbox"/> Job Training/Readiness Services <input type="checkbox"/> Drug/Alcohol Abuse Counseling/Treatment <input type="checkbox"/> Other _____	<p>If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?</p>	
		<p>If This Project is not Funded, What Impact will it have on the Number of Clients Served?</p> <input type="checkbox"/> Will Not Change <input type="checkbox"/> Will Decrease Slightly <input type="checkbox"/> Will Decrease Significantly <input type="checkbox"/> No Clients Will be Served <input type="checkbox"/> No Additional Clients Will be Served	
		<p>If this Project is Not Funded in this Program Cycle, Your Agency or Service: <i>(Check all that apply.)</i></p> <input type="checkbox"/> Will Not be Hurt as a Result <input type="checkbox"/> Will Face Legal Liabilities <input type="checkbox"/> Will Face Termination of a Critical Program <input type="checkbox"/> Will Face Growing Complaints from Clients <input type="checkbox"/> Will Face Code Violation Citations and Penalties <input type="checkbox"/> Other _____	
		<p>Factors Potentially Affecting the Implementation of this Project: <i>(Check all that apply.)</i></p> <input type="checkbox"/> Likely Personnel Change at the Agency <input type="checkbox"/> No Procurement Professional on Staff Familiar with Federal Procurement Rules <input type="checkbox"/> Relocation of Current Service from the Existing Facility to Allow Construction <input type="checkbox"/> Availability and Timing of Other Funds for this Project <input type="checkbox"/> Approval from Other Authorities <input type="checkbox"/> Design/Redesign of the Facility <input type="checkbox"/> Lack of Records Detailing the Physical Nature of the Existing Facility <input type="checkbox"/> Weather-sensitive <input type="checkbox"/> Other Possible External Factors	
		<p>If Procurement is Required for the Project, You Expect?</p> <input type="checkbox"/> Procurement to be Done In-house <input type="checkbox"/> To Request for City Service on Our Behalf <input type="checkbox"/> Decision to be Made at a Later Date <input type="checkbox"/> Withdraw This Funding Request	



SECTION III --- Project Budget

Please print clearly and make sure all blanks are completed unless instructed otherwise.

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap. Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. Per HUD regulations and OMB Circulars, majority of construction projects must be procured, which requires open competition and prevailing wage. Procurement normally incurs additional costs for required project design or specification information and advertising. So please take those costs into consideration when filling out the following charts.

FY 2023-24 Project Budget

Service/Cost Type	Agency Priority (1=highest)	Total Project Cost	Agency's Own Funds	Known Cash and In-Kind Donations	Other Federal Funds		State & Local Grants		All Other Funds	Desired CDBG Amount
					Amount	Applied / Granted?	Amount	Applied / Granted?		
ACQUISITION										
Land		\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
PROFESSIONAL SERVICES (As required for procurement)										
Property Survey		\$	\$	\$	\$		\$		\$	\$
Engineering Design/Redesign		\$	\$	\$	\$		\$		\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$	\$
CONSTRUCTION/REHAB										
Demolition/Removal		\$	\$	\$	\$		\$		\$	\$
Site Preparation		\$	\$	\$	\$		\$		\$	\$
Construction		\$	\$	\$	\$		\$		\$	\$
Rehabilitation		\$	\$	\$	\$		\$		\$	\$
Lead-based Paint Abatement		\$	\$	\$	\$		\$		\$	\$
LABOR										
Contract Labor		\$	\$	\$	\$		\$		\$	\$
MATERIALS/SUPPLIES										
Materials and Supplies <i>(Not furnishing, fixtures or equipment)</i>		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
FEES/OTHER OVERHEAD										
Permit Fee(s)		\$	\$	\$	\$		\$		\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising <i>(If required, ads must be published in at least 2 papers)</i>		\$	\$	\$	\$		\$		\$	\$
TOTALS		\$	\$	\$	\$		\$		\$	\$
<i>Notes</i>										

All construction projects of \$2,000 and above are subject to Davis-Bacon Prevailing Wage Rates.



Description of the Methods and Sources of the Cost Estimates Listed Above

Item	Description of Methods and Sources	Notes

Projections of Project Costs and Funding Needs

Fiscal Year	Total Project Costs	Projected Funding by Funding Sources						Number of Clients to be Benefitted
		Agency Funds	Donations	CDBG	Other Federal Funds	State & Local Grants	All Other Funds	
2024-25	\$	\$	\$	\$	\$	\$	\$	
2025-26	\$	\$	\$	\$	\$	\$	\$	

**Do not provide projections for other projects here. For other programs/projects, please use the Supplemental Projections Sheet. These projections are for information only and will not be used as formal funding requests and will not affect funding decisions.*



SECTION IV --- Agency Capacity Assessment and Project Management System

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) **The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.**

List all Members of Your Current Board of Directors:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Telephone</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Name	Telephone													Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Name	Telephone																
Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: <i>(Check all that apply)</i>	<input type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> Designated project manager <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input type="checkbox"/> Computerized client information system <input type="checkbox"/> Secured client records filing system (for client confidentiality) <input type="checkbox"/> Designated independent financial audit service <input type="checkbox"/> Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit	Describe your Agency's Intake and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program in-take form.)</i>															
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation	Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Make up the difference with other funds available to the agency <input type="checkbox"/> Phase the project out and do only a portion this year <i>(future funding not guaranteed)</i> <input type="checkbox"/> Withdraw application and cancel the project <input type="checkbox"/> Withdraw application but proceed with the project <input type="checkbox"/> Not sure what we can do with that amount														
When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.	If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i>	Minimum Amount of CDBG Funds Needed to Make This Project Work:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">(4.8.1) Amount</th> <th style="width: 50%;">(4.8.2) Why</th> </tr> <tr> <td style="text-align: center;">\$</td> <td> </td> </tr> </table>	(4.8.1) Amount	(4.8.2) Why	\$											
(4.8.1) Amount	(4.8.2) Why																
\$																	
	<input type="checkbox"/> Used without user fees <input type="checkbox"/> Leased/subleased to other agencies resulting in a lease income <input type="checkbox"/> Will be sold when no longer needed <input type="checkbox"/> Will be donated for a public purpose	Project Schedule – Your Agency Plans to Start Project Construction:	<input type="checkbox"/> Before end of 2023 <input type="checkbox"/> Within first half of 2024 <input type="checkbox"/> Within second half of 2024 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons														
		Notes:															

Construction projects almost exclusively require detailed specifications of the product/project and/or engineering design of the work to be done at procurement stage. Though applicants are not required to bear unnecessary cost burdens for a complete professional service done before grant funds are secured, they are encouraged to gather as much accurate information as possible about the product/project to be included with the application in order to help the City with its evaluation of the request.




SECTION V --- Certifications


Please print clearly and make sure all blanks are completed unless instructed otherwise.

I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify and secure other funding for this program. I understand that the City's CDBG funding is limited and should be directed to high priority programs and projects and this application should not be considered as a guarantee that CDBG funding will be granted for this program. I further understand that CDBG funded activities must be carried out within the existing City Limits of the City of Lee's Summit, Missouri.

Lee's Summit Housing Authority (Name of Agency Requesting CDBG Funding) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Lee's Summit.

I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking and reporting requirements and for all necessary adjustments to the agency's management and operation procedures so that they are in compliance.

 _____	Executive Director _____	2/1/2023 _____
Signature – Person Completing the Application	Title	Date

 _____	Chair _____	2/1/2023 _____
Signature – Board of Directors Chair	Title	Date



Date: January 26, 2023
Project Name: Lee's Summit Housing Authority, Duncan Estates
Project Address: 633 SW Burry St. Lee's Summit, MO 64081
Veritas Project #: 22.69

STATEMENT OF WORK

PHASE 4 SUMMARY OF SCOPE OF WORK

1. Exterior Improvements of 1-BR Housing Duplexes at Duncan Estates
 - a. Exterior siding, trim and fascia to be Horizontal Fiber Cement lap siding as produced by James Hardie Company, or similar.
 - b. Replace existing windows with same size and window type. Window replacement to be vinyl, double-paned with approximate U value of 0.29.
 - c. Replace front doors with new, insulated 6-panel steel doors.
2. Estimated cost of Exterior Improvements per duplex to be approximately \$60,000, per schedule of values below:
3. Plan to renovate (5) five duplexes for a total estimated cost of \$300,000.

Fiber Cement Siding	\$185,000
Vinyl Windows	\$56,000
Front Doors	\$9,000
Subtotal	\$250,000
General Overhead and Profit	\$50,000
Grand Total (incl. 5 buildings)	\$300,000

END OF LETTER



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2023-24

Agency Name: Truman Heritage Habitat for Humanity

Name of the Program/Project: Lee's Summit Home Repair Program

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	Check All That Apply	Goals and Priority Needs
Planning and CDBG Administration	<input type="checkbox"/>	Planning and CDBG Program Administration (City)
	<input type="checkbox"/>	Increase and Improve Availability of and Access to Information Especially to Benefit Persons CDBG is Designed to Help
Public Services	<input type="checkbox"/>	Provide Basic Social Service Needs to Eligible Clients (food, nutrition, school supplies, clothing, utility assistance, rental, medical assistance, etc.)
	<input type="checkbox"/>	Provide Transportation for Eligible Clients (to access social services)
	<input type="checkbox"/>	Provide Domestic Violence Assistance (shelters, counseling, daycare, etc.)
	<input type="checkbox"/>	Provide Counseling for Eligible Youth and Adults with Mental, Physical and Substance Abuse Challenges
	<input type="checkbox"/>	Provide Senior Services
	<input type="checkbox"/>	Provide Coordination of CDBG-assisted Public Services
	<input type="checkbox"/>	Provide Counseling for Homeless Persons/Families in Transitional Housing
Housing and Homelessness	<input type="checkbox"/>	Provide/Increase Affordable Housing, including Public Housing
	x	Housing Rehabilitation and Repairs for Low-Moderate Income Residents
	<input type="checkbox"/>	Provide Transitional Housing for the Homeless
	<input type="checkbox"/>	Eliminate ADA Barriers to Providing Accessible Housing for Seniors & Disabled Persons
	<input type="checkbox"/>	Provide Shelter for Domestic Violence Victims
Public Infrastructure	<input type="checkbox"/>	Replacing Existing Sidewalks and Fill Sidewalk Gaps (not minor maintenance projects) in LMI Neighborhoods
	<input type="checkbox"/>	Address Storm Drainage Issues in Low-Moderate Income Areas
If None Above Applies, You May Check Here and Explain Your Program Objective.		

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.

Development Services

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**LEE'S SUMMIT
MISSOURI**

**COMMUNITY DEVELOPMENT BLOCK GRANT
CONSTRUCTION APPLICATION
PROGRAM YEAR 2023-24**

All applications must be submitted by 5:00 p.m. Friday, February 3, 2023. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Applicant Agency Name:	Truman Heritage Habitat for Humanity		Program/Project Title:	Lee's Summit Home Repair Program
Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes x	No €	Location of Project: <i>(Check one)</i>	<input type="radio"/> On Site <input type="radio"/> Off Site <input checked="" type="radio"/> Out of Lee's Summit
Faith-based organization?	Yes x	No €	Status: <i>(Check one)</i>	<input checked="" type="radio"/> On-going CDBG-funded activity <input type="radio"/> On-going non-CDBG-funded activity <input type="radio"/> New multi-year activity <input type="radio"/> New one-time activity
Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	505 N Dodgion		Total Estimated Project Cost: <i>(Do not fill this blank until you finish the entire form)</i>	\$130,500
City/State/Zip:	Independence, MO 64050		Cost Estimate Is Based on: <i>(You may attach the estimate details)</i>	Recent Construction Costs
Agency's DUNS #:	801345807		Cost Estimate Includes: <i>(Majority of construction and reconstruction projects require these for procurement)</i>	<input type="radio"/> Property Survey <input type="radio"/> Engineering Design <input checked="" type="radio"/> Bid Advertising <i>(in 2 papers at minimum, one of which must be a minority paper)</i>
Total Organization Annual Budget in FY 2023-24:	\$	4,200,834.72	Cost Estimate Also Includes: <i>(May be required for procurement)</i>	<input checked="" type="radio"/> Prevailing Wages for Construction Workers (Davis-Bacon)
Executive Director:	Christina Leakey		# of Clients to be Served: <i>(Only clients enrolled for service)</i>	12-14
Telephone:	T: 816-461-6551		Client Eligibility by CDBG Definition: <i>(Check one)</i>	<input checked="" type="radio"/> 100% L/M Income <input type="radio"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="radio"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="radio"/> None of the Above
Email Address:	cleakey@trumanhabitat.org		Amount of CDBG Funding Request for 2023-24: <i>(Please round to the nearest dollar)</i>	\$ 130,500
Governed by Board of Directors?	Yes x	No €	Specifically what will CDBG Funds Pay For? <i>(Be as specific as possible and avoid using general terms.)</i>	CDBG funds will be used to pay for labor, materials and other costs associated with providing home repair services and meeting CDBG requirements.
Total Annual Federal Grants in FY2022-23:	\$ 670000		If Expected, are the Other Funds Secured?	Yes x No €
Total Federal \$\$\$ to be Expended during Agency's FY2022-23:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$ 450000		Brief Description of the Project and the Impact the Requested CDBG Grant will have: <i>(150 words or less)</i>	The project will provide exterior repairs, emergency/critical home repair and weatherization services on a first come first served basis for Lee's Summit homeowners qualifying at or below 80% of the area median income.
Prior Experience with Similar Projects Funded with Federal Grant?	Yes x	No € <i>(If No, skip the next question)</i>	Project Manager:	Mark Schroer, Construction Director
Name the Most Recent Such Project and Year:	Independence Home Repair 2022/23		Telephone:	T: 816-461-6551
Project Manager:	Mark Schroer, Construction Director		Email Address:	mschroer@trumanhabitat.org
Telephone:	T: 816-461-6551		Project Key Contact:	Herb Webb
Email Address:	hwebb@trumanhabitat.org		Telephone:	T: 816-651-6551
Project Type:	<input type="radio"/> Acquisition of Real Property for Public Use <input type="radio"/> Demolition for a Public Purpose <input type="radio"/> Not-for-profit Facility Reconstruction <input type="radio"/> Not-for-profit Facility New Construction <input type="radio"/> Public Facility/Infrastructure Improvement <input checked="" type="radio"/> Housing Rehabilitation/Repairs <input type="radio"/> Conversion of Non-housing Structure to Housing for L/M Income residents		Email Address:	hwebb@trumanhabitat.org

Development Services

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1200 | F: 816.969.1221 | cityofls.net

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SECTION II --- Project Description and Eligibility Information

Please print clearly and make sure all blanks are *completed* unless instructed otherwise.

<p>Does the Project Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a qualified Census Tract <i>(Contact the City for determination)</i></p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income <i>(A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</i></p> <p><input type="checkbox"/> Benefiting a Limited Clientele group <i>(which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV, or migrant farm workers)</i></p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>If Filing Multiple CDBG Requests, Assign a Priority: <i>(Must be different from requests.)</i></p>	<p><input type="checkbox"/> €1 (Highest)</p> <p><input type="checkbox"/> €2</p> <p><input type="checkbox"/> €3</p> <p><input type="checkbox"/> €4 (Lowest)</p>
<p>Detailed Description of the Project for Which Funds are Requested:</p> <p><i>(Focus on the physical nature of the project, such as degree of physical deterioration the existing facility and specific improvements needed to correct the problem.)</i></p>	<p>The project is based on the Habitat for Humanity International (HFHI) Home Preservation Program model which provides needed repairs for low to moderate income households. Truman Habitat is an affiliate of HFHI. Truman Habitat's FY 23/24 project will be a continuation of last year's Lee's Summit CDBG funded program and will provide 12-14 low-moderate income owner-occupied households with home repairs that will improve the safety, affordability and sustainability of the Lee's Summit homeowner and family.</p> <p>Offered services will include roof repairs and replacements, hazardous tree removals, HVAC, Insulation, Exterior trim/siding, paint, brush clean-up, collapsed sewers and other critical home repairs deemed acceptable by City and meeting the consolidated plan. In some instances, volunteers may be used to assist with the repairs, however generally speaking, these projects will need to be performed by licensed specialists due to the urgency and risk involved. Based on recent history, it is anticipated that project costs for roofs will range between \$5,000 - \$10,000, and that hazardous tree removal projects will range between \$1,500 - \$7,000. Other project costs will vary from project to project depending on the scope of work needed. The actual number of households to be served is dependent on actual project costs associated with approved applications. Truman Habitat will continue to work with Lee's Summit City CDBG staff to assure that the household, specific address, and proposed home repairs qualify for CDBG funded services and specific proposed home repairs address the specific problems and address weatherization needs for each site .</p>	<p>Project Objectives: <i>(Check closest one)</i></p>	<p><input type="checkbox"/> Providing improved and suitable living environment <i>(such as eliminating physical barriers for the disabled)</i></p> <p><input checked="" type="checkbox"/> Providing decent housing <i>(such as eliminating serious safety hazards from affordable housing)</i></p> <p><input type="checkbox"/> Creating economic opportunities <i>(such as creating new jobs for the disadvantaged population)</i></p>
		<p>Project Outcomes: <i>(Check closest one)</i></p>	<p><input type="checkbox"/> Availability/Accessibility <i>(Making needed facility available/accessible to qualified clients)</i></p> <p><input checked="" type="checkbox"/> Affordability <i>(Making the facility affordable to qualified clients)</i></p> <p><input type="checkbox"/> Sustainability <i>(Making the community or neighborhood more viable)</i></p>
		<p>If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?</p>	<p>Year: NA</p>
		<p>If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?</p>	<p>In 2022, the City of Lee's Summit awarded \$130,500 in CDBG funding to Truman Habitat to perform 15 to 17 home repair projects for eligible households. Truman Habitat is in the final phase of completing this project and expects to expend all awarded CDBG funds and meet home repair project goals.</p>
		<p>If This Project is not Funded, What Impact will it have on the Number of Clients Served?</p>	<p><input type="checkbox"/> Will Not Change</p> <p><input type="checkbox"/> Will Decrease Slightly</p> <p><input type="checkbox"/> Will Decrease Significantly</p> <p><input type="checkbox"/> No Clients Will be Served</p> <p><input checked="" type="checkbox"/> No Additional Clients Will be Served</p>
		<p>If this Project is Not Funded in this Program Cycle, Your Agency or Service: <i>(Check all that apply.)</i></p>	<p><input checked="" type="checkbox"/> Will Not be Hurt as a Result</p> <p><input type="checkbox"/> Will Face Legal Liabilities</p> <p><input type="checkbox"/> Will Face Termination of a Critical Program</p> <p><input type="checkbox"/> Will Face Growing Complaints from Clients</p> <p><input type="checkbox"/> Will Face Code Violation Citations and Penalties</p> <p><input type="checkbox"/> Other _____</p>
		<p>Factors Potentially Affecting the Implementation of this Project: <i>(Check all that apply.)</i></p>	<p><input type="checkbox"/> Likely Personnel Change at the Agency</p> <p><input type="checkbox"/> No Procurement Professional on Staff Familiar with Federal Procurement Rules</p> <p><input type="checkbox"/> Relocation of Current Service from the Existing Facility to Allow Construction</p> <p><input type="checkbox"/> Availability and Timing of Other Funds for this Project</p> <p><input type="checkbox"/> Approval from Other Authorities</p> <p><input type="checkbox"/> Design/Redesign of the Facility</p> <p><input type="checkbox"/> Lack of Records Detailing the Physical Nature of the Existing Facility</p> <p><input checked="" type="checkbox"/> Weather-sensitive</p> <p><input type="checkbox"/> Other Possible External Factors</p>



<p>Detailed Justification of the Need:</p> <p><i>(Explain why the issue has not been addressed and what has prevented it from being addressed. Explain also why CDBG will be the only solution to the issue.)</i></p>	<p>Truman Habitat will continue to deliver a service already identified, and previously provided, by the City in response to a priority need for owner-occupied home repair for existing Low to Moderate Income homeowners. Habitat offers the city the benefit of our expertise and the value of the Habitat for Humanity Home Preservation program model using the same CDBG funding source as last year. Utilizing Truman Habitat for Humanity as a grant sub recipient provides greater home repair program impact at affordable home repair costs by utilizing Habitat gift-in-kind products and supplies; volunteer labor support; construction management expertise and donations restricted to the Home Preservation Program to be combined with CDBG funds.</p>	<p>If Procurement is Required for the Project, You Expect?</p>	<p>X Procurement to be Done In-house € To Request for City Service on Our Behalf € Decision to be Made at a Later Date € Withdraw This Funding Request</p>
<p>This Project is Directly Related to the Applicant's Service of Providing:</p>	<p>X Affordable Housing and Transitional Housing € Public Housing/Housing Choice Voucher Program € Temporary Shelter € Childcare € Youth Services € General Public Services € Services for Seniors and the Disabled € General/Mental Health Services € Education Services € Job Training/Readiness Services € Drug/Alcohol Abuse Counseling/Treatment € Other _____</p>		



SECTION III --- Project Budget

Please print clearly and make sure all blanks are completed unless instructed otherwise.

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap. Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. Per HUD regulations and OMB Circulars, majority of construction projects must be procured, which requires open competition and prevailing wage. Procurement normally incurs additional costs for required project design or specification information and advertising. So please take those costs into consideration when filling out the following charts.

FY 2023-24 Project Budget

Service/Cost Type	Agency Priority (1=highest)	Total Project Cost	Agency's Own Funds	Known Cash and In-Kind Donations	Other Federal Funds		State & Local Grants		All Other Funds	Desired CDBG Amount
					Amount	Applied / Granted?	Amount	Applied / Granted?		
ACQUISITION										
Land		\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
PROFESSIONAL SERVICES (As required for procurement)										
Property Survey		\$	\$	\$	\$		\$		\$	\$
Engineering Design/Redesign		\$	\$	\$	\$		\$		\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$25000	\$25500
CONSTRUCTION/REHAB										
Demolition/Removal		\$	\$	\$	\$		\$		\$	\$
Site Preparation		\$	\$	\$	\$		\$		\$	\$
Construction		\$	\$	\$	\$		\$		\$82124	\$
Rehabilitation		\$	\$	\$	\$		\$		\$236000	\$105000
Lead-based Paint Abatement		\$	\$	\$	\$		\$		\$	\$
LABOR										
Contract Labor		\$	\$	\$	\$		\$		\$	\$
MATERIALS/SUPPLIES										
Materials and Supplies <i>(Not furnishing, fixtures or equipment)</i>		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
FEES/OTHER OVERHEAD										
Permit Fee(s)		\$	\$	\$	\$		\$		\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising <i>(If required, ads must be published in at least 2 papers)</i>		\$	\$	\$	\$		\$		\$	\$
TOTALS		\$	\$	\$	\$		\$		\$343124	\$130500
<i>Notes</i>										

All construction projects of \$2,000 and above are subject to Davis-Bacon Prevailing Wage Rates.



Description of the Methods and Sources of the Cost Estimates Listed Above

Item	Description of Methods and Sources	Notes
Scope of Work	Figures reflect salary, benefits and taxes for program staff	
Rehabilitation	Figures reflect dollars to sub-contractors, building materials and contract labor	
Construction	Figures reflect salary, benefits and taxes of staff members, building materials	

Projections of Project Costs and Funding Needs

Fiscal Year	Total Project Costs	Projected Funding by Funding Sources						Number of Clients to be Benefitted
		Agency Funds	Donations	CDBG	Other Federal Funds	State & Local Grants	All Other Funds	
2024-25	\$	\$	\$	\$	\$	\$	\$	
2025-26	\$	\$	\$	\$	\$	\$	\$	

**Do not provide projections for other projects here. For other programs/projects, please use the Supplemental Projections Sheet. These projections are for information only and will not be used as formal funding requests and will not affect funding decisions.*



SECTION IV --- Agency Capacity Assessment and Project Management System

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) **The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.**

List all Members of Your Current: Board of Directors:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Telephone</th> </tr> <tr> <td>Dan O'Neill</td> <td>816-786-0317</td> </tr> <tr> <td>Jill Esry</td> <td>816-223-0300</td> </tr> <tr> <td>Joseph Kenney</td> <td>816-838-1669</td> </tr> <tr> <td>Kim Glaser</td> <td>816-282-4461</td> </tr> <tr> <td>Shaylyn Dean</td> <td>816-645-1957</td> </tr> <tr> <td>Gwen Goins</td> <td>816-407-5223</td> </tr> </table>	Name	Telephone	Dan O'Neill	816-786-0317	Jill Esry	816-223-0300	Joseph Kenney	816-838-1669	Kim Glaser	816-282-4461	Shaylyn Dean	816-645-1957	Gwen Goins	816-407-5223	Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
Name	Telephone																
Dan O'Neill	816-786-0317																
Jill Esry	816-223-0300																
Joseph Kenney	816-838-1669																
Kim Glaser	816-282-4461																
Shaylyn Dean	816-645-1957																
Gwen Goins	816-407-5223																
Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: <i>(Check all that apply)</i>	x Non-home-based office space x 24-hour designated business phone line or answering service x Designated project manager <input type="checkbox"/> Full-time secretarial/clerical person X Certified financial/accounting person on staff X Certified procurement/purchasing person X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) X Computerized client information system X Secured client records filing system (for client confidentiality) X Designated independent financial audit service X Annual financial audit or financial reporting X Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. X Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit	Describe your Agency's Intake and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program intake form.)</i>	Truman Habitat strictly follows the HUD approved Part 5 method of income verification. Upon receipt of application, Habitat staff will complete a checklist of approval of the intake form (attached). Household income, homeownership, site location and other qualifying factors will be properly documented based on verification of a completed program application and supporting documents.														
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	X Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation	Should CDBG Funds be Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Make up the difference with other funds available to the agency <input type="checkbox"/> Phase the project out and do only a portion this year <i>(future funding not guaranteed)</i> <input checked="" type="checkbox"/> Withdraw application and cancel the project <input type="checkbox"/> Withdraw application but proceed with the project <input type="checkbox"/> Not sure what we can do with that amount														
If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i>	<input type="checkbox"/> Used without user fees <input type="checkbox"/> Leased/subleased to other agencies resulting in a lease income <input type="checkbox"/> Will be sold when no longer needed <input type="checkbox"/> Will be donated for a public purpose	Minimum Amount of CDBG Funds Needed to Make This Project Work:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">(4.8.1) Amount</th> <th style="width: 50%;">(4.8.2) Why</th> </tr> <tr> <td style="text-align: center;">\$130,500</td> <td>Required to meet the minimum 12 home repair projects in Lee's Summit</td> </tr> </table>	(4.8.1) Amount	(4.8.2) Why	\$130,500	Required to meet the minimum 12 home repair projects in Lee's Summit										
(4.8.1) Amount	(4.8.2) Why																
\$130,500	Required to meet the minimum 12 home repair projects in Lee's Summit																
<i>When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.</i>		Project Schedule – Your Agency Plans to Start Project Construction:	<input type="checkbox"/> Before end of 2023 <input checked="" type="checkbox"/> Within first half of 2024 <input type="checkbox"/> Within second half of 2024 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons														



	Notes:	Additional Board Members Lori Harp 816-392-4295 Laurie Dean Wiley 816-853-0977 Brandyce Parks 816-807-4086 Angie Judy 816-588-7412 Mark McDonald 816-806-9179 Paul Menne 816-529-4428

Construction projects almost exclusively require detailed specifications of the product/project and/or engineering design of the work to be done at procurement stage. Though applicants are not required to bear unnecessary cost burdens for a complete professional service done before grant funds are secured, they are encouraged to gather as much accurate information as possible about the product/project to be included with the application in order to help the City with its evaluation of the request.



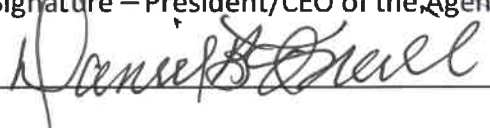
SECTION V --- Certifications

Please print clearly and make sure all blanks are completed unless instructed otherwise.

I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify and secure other funding for this program. I understand that the City's CDBG funding is limited and should be directed to high priority programs and projects and this application should not be considered as a guarantee that CDBG funding will be granted for this program. I further understand that CDBG funded activities must be carried out within the existing City Limits of the City of Lee's Summit, Missouri.

Truman Heritage Habitat for Humanity, Inc (*Name of Agency Requesting CDBG Funding*) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Lee's Summit.

I certify that my agency has reviewed HUD's *Playing By the Rules* manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking and reporting requirements and for all necessary adjustments to the agency's management and operation procedures so that they are in compliance.

 _____		2-3-23 _____
Signature – Person Completing the Application	Chief Operating Officer	Date
 _____		2.3.2023 _____
Signature – President/CEO of the Agency	President and CEO	Date
 _____		2-3-2023 _____
Signature – Board of Directors Chair	Board Chair	Date

