



LEE'S SUMMIT  
MISSOURI

Community Development Block Grant Program  
APPLICATION FORM FOR CITY PROGRAMS  
(Ongoing City Programs Only)  
PROGRAM YEAR 2020-2021

**SECTION I -- Program**

Program Name: CDBG Admin Operating Department: Development Services  
CDBG Request Amount: 74,747.00 Program Funding Source (s):  CDBG Only  CDBG and Others  
Program Is:  Multi-year On-going  New and One-time Program  
Completion Date:  End of Program Year  On-going Until Funds are Exhausted

**SECTION II -- Program Description and Eligibility Information**

Program Description: Administrative costs associated with  
city staff administering the program.

Beneficiaries:  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  No/Little Impact

[Signature]

Signature – Person Completing the Application

CDBG Administrator 2-6-20

Title

Date

[Signature]

Signature – Person Authorizing the Application

Administration Manager 2-6-20

Title

Date

### ### ###



**LEE'S SUMMIT**  
MISSOURI

**Community Development Block Grant Program**  
**APPLICATION FORM FOR CONSTRUCTION/ REHAB/ ACQUISITION/ DEMOLITION\***  
**PROGRAM YEAR 2020-2021**

PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ \_\_\_\_\_

Environmental Review Completed \_\_\_\_\_

HUD ACT # \_\_\_\_\_

Fund Adjusted to \$ \_\_\_\_\_

Project Completed \_\_\_\_\_

\* Activities for special economic development may not fit this form per HUD regulations. Please contact the City for additional instructions.

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Truman Heritage Habitat for Humanity	(1.22) Program/Project Title:	Home Preservation Program
(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes x No <input type="checkbox"/>	(1.23) Location of Project: <i>(Check one)</i>	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site x Out of Lee's Summit
(1.3) Faith-based organization?	Yes x No <input type="checkbox"/>	(1.24) Status: <i>(Check one)</i>	x 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
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	505 N. Dodgion St.	(1.25) Total Estimated Project Cost: <i>(Do not fill this blank until you finish the entire form)</i>	\$125,500 (\$100k project costs, \$25,500 Administrative costs)
(1.5) City/State/Zip:	Independence, MO 64050	(1.26) Cost Estimate Is Based on: <i>(You may attach the estimate details)</i>	Cost estimate is based average hard cost for construction at \$6,700 (15-17) projects and admin costs reflect program management costs for partial salary (including taxes and benefits), sub-contractors, occupancy/utilities, business insurance (worker's comp, liability, property, and auto), office supplies, professional services (office staff, permits, computer support), fuel/vehicle maintenance.
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	801345807	(1.27) 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 x Bid Advertising <i>(in 2 papers at minimum, one of which must be a minority paper)</i>
(1.7) Total Organization Annual Budget in FY2019-20:	\$1,870,308.44	(1.28) Cost Estimate Also Includes: <i>(May be required for procurement)</i>	<input type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon)
(1.8) Executive Director:	Christina Leakey	(1.29) # of Clients to be Served: <i>(Only clients enrolled for service)</i>	15-17
(1.9) Telephone/Fax:	T: 816-839-5542 direct line F: 816-461-7039	(1.30) Client Eligibility by CDBG Definition: <i>(Check one)</i>	x 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
(1.10) Email Address:	cleakey@trumanhabitat.org	(1.31) Amount of CDBG Funding Request for 2020-21: <i>(Please round to the nearest dollar)</i>	\$125,000
(1.11) Governed by Board of Directors?	Yes x No <input type="checkbox"/>	(1.32) Specifically what will CDBG Funds Pay For? <i>(Be as specific as possible and avoid using general terms.)</i>	The Home Preservation Program will provide minor exterior repairs, emergency and critical home repair services on a first come first served basis, for Lee's Summit homeowners
(1.12) Total Annual Federal Grants in FY2019-20:	\$1,152,771.50		
(1.13) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	<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> \$1,152,771.50		
(1.14) Prior Experience with Similar Projects Funded with Federal Grant?	Yes x No <input type="checkbox"/> <i>(If No, skip the next question)</i>		
(1.15) Name the Most Recent Such Project and Year:	Home Preservation Program in Independence MO with CDBG Funding in 2018-2019		
(1.16) Project Manager:	Mark Schroer, Construction Director		
(1.17) Telephone/Fax:	T: 816-607-9809 direct line F: 816-461-7039		
(1.18) Email Address:	mschroer@trumanhabitat.org		
(1.19) Project Key Contact:	Lynn Westfall, program manager		
(1.20) Telephone/Fax:	T: 816-542-0591 F: 816-461-7039		
(1.21) Email Address:	lwestfall@trumanhabitat.org		

		<p>proposed program will focus on home repair needs that are critical to stabilizing and ensuring long term sustainability and affordability of homeownership. CDBG funding resources will be directed at:</p> <ol style="list-style-type: none"> <li>1. Roof Repair/Replace in-kind – composition</li> <li>2. Hazardous tree removal, at stump with no ground disturbance, when structural stability of home is threatened</li> <li>3. HVAC Repair or Replacement</li> <li>4. Attic insulation</li> <li>5. Exterior trim and siding repairs</li> <li>6. Exterior paint</li> <li>7. Collapsed sewer repair/replace</li> <li>8. Code violation repairs</li> <li>9. Other necessary repairs as allowed by the City of Lee's Summit and considered eligible homeowner repair projects</li> </ol>
<b>(1.33) If Expected, are the Other Funds Secured?</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<p><b>(1.34) Project Type:</b> <i>(Check one)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acquisition of Real Property for Public Use</li> <li><input type="checkbox"/> Demolition for a Public Purpose</li> <li><input type="checkbox"/> Not-for-profit Facility Reconstruction</li> <li><input type="checkbox"/> Not-for-profit Facility New Construction</li> <li><input type="checkbox"/> Public Facility/Infrastructure Improvement</li> <li><input checked="" type="checkbox"/> Housing Rehabilitation/Repairs</li> <li><input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents</li> </ul>	<p><b>(1.35) Brief Description of the Project and the Impact the Requested CDBG Grant will have:</b> <i>(150 words or less)</i></p>	<p>Truman Heritage Habitat for Humanity's Home Preservation Program will provide services including critical home repairs, weatherization and minor exterior improvements for low-moderate income homeowners that will help to addressing housing instability. Repairing aging housing for LMI homeowners will make for safer and decent living conditions. Truman Habitat expects to assist 15-17 homeowners that will report being better able to maintain affordable homeownership through the retention of homeowner insurance, the elimination of costly code violations, the reduction of utility cost burden, and the financial benefit of being able to remain in place.</p>
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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><b>(2.1) Does the Project Satisfy Any of These National Objective Related Qualifiers?</b></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><b>(2.5) If Filing Multiple CDBG Requests, Assign a Priority:</b> <i>(Must be different from requests.)</i></p> <p>X 1 (Highest)  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4 (Lowest)</p>	<p><b>(2.6) Project Objectives:</b>  <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>X 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><b>(2.2) Detailed Description of the Project for Which Funds are Requested:</b>  <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 Home Preservation Program (HPP) is a Habitat for Humanity International (HFHI) initiative focused on addressing urgent home repairs for low-income homeowner families in the community. The program is based on the core tenant of Habitat which calls for providing a "hand up" to families and individuals in need of services that will assure safe, decent and affordable housing. THFH is an affiliate of HFHI and has adopted the attached HPP home repair policy in conformance with HFHI guidelines.</p> <p>Given available funding, Truman Habitat's proposed 2020-2021 HPP program will be able to provide 15-17 low-income owner-occupied homeowners minor, emergency and/or critical home repair assistance that will improve the safety, sustainability and affordability of the home repairs during the contract period. 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 - \$6,000. 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. The entire program budget of \$125,000 included in this proposal is projected to be expended no later than December 31, 2020, assuming a contract can be awarded by March 1, 2020.</p>	<p><b>(2.7) Project Outcomes:</b>  <i>(Check closest one)</i></p> <p><input type="checkbox"/> Availability/Accessibility <i>(Making needed facility available/accessible to qualified clients)</i></p> <p>X 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><b>(2.8) If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?</b></p> <p>Year <u>  </u> not applicable <u>  </u></p>
		<p><b>(2.9) If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?</b></p> <p>Truman Habitat's Home Preservation program was established in 2013 to support low-moderate income families with critical &amp; minor home repair needs and weatherization. These repairs were possible due to CDBG funds allocated through the City of Independence.</p> <p>Additionally, the City of Raytown allocated funds from the City's budget to address code violations and to support home repairs for Veterans.</p> <p>Since 2017, Spire Energy and IPL provides grant funding to support up to \$200,000 annually for weatherization projects in the City of Independence for low-moderate income homeowners.</p>	<p><b>(2.10) If This Project is not Funded, What Impact will it have on the Number of Clients Served?</b></p> <p><input type="checkbox"/> Will Not Change  <input type="checkbox"/> Will Decrease Slightly  <input type="checkbox"/> Will Decrease Significantly  <input checked="" type="checkbox"/> No Clients Will be Served in Lee's Summit  <input checked="" type="checkbox"/> No Additional Clients Will be Served</p>
		<p><b>(2.11) If this Project is Not Funded in this Program Cycle, Your Agency or Service:</b> <i>(Check all that apply.)</i></p> <p>X 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>	<p><b>(2.12) Factors Potentially Affecting the Implementation of this Project:</b> <i>(Check all that apply.)</i></p> <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 checked="" type="checkbox"/> Weather-sensitive – exterior projects can be delayed due to weather  <input type="checkbox"/> Other Possible External Factors</p>



<p><b>(2.3) Detailed Justification of the Need:</b></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 LMI homeowners. Habitat offers the city the benefit of our expertise and the value of the HFH model using the same CDBG funding source and amount used for many years. Utilizing Truman Habitat for Humanity as a sub recipient provides additional support to the program by utilizing gift-in-kind product and supplies; volunteer support; construction management expertise and donations restricted to the Home Preservation Program to be combined with CDBG funds and stretched to serve more than 10 families typically supported in the past.</p> <p>According to the City of Lee's Summit's Consolidated Plan (DRAF) 2020-2024, When considering only housing costs and household income levels, a total 29% of the households in Lee's Summit are low to moderate income, according to the 2011-15 CHAS data presented in Table 6. Approximately 60% of all households with a t least one person age 75 or older are low to moderate income households. These households bear the greatest housing cost burdens.</p> <p>Additionally, on page 30 of the proposed Consolidated plan it states that the characteristics that have been linked with instability and an increased risk of homelessness is the older housing units occupied by low-to-moderate income households have more needs for home repairs to ensure safe and decent living conditions. Without assistance, these homes may potentially become uninhabitable and unsafe to occupy.</p> <p>Condition of Units Owner-Occupied Renter-Occupied Number % Number % With one selected Condition 5,140 20% 3,730 46% With two selected Conditions 45 0% 285 4%</p>	<p><b>(2.13) If Procurement is Required for the Project, You Expect?</b></p>	<p><input checked="" 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</p>
<p><b>(2.4) This Project is Directly Related to the Applicant's Service of Providing:</b></p>	<p><input checked="" 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>		



### 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 2019-2020 Project Budget

(3.1) Service/Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Project Cost (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Cash and In-Kind Donations (B)	(3.6) Other Federal Funds		(3.7) State & Local Grants		(3.8) All Other Funds (E)	(3.9) Desired CDBG Amount (F)
					(3.6.1) Amount (C)	(3.6.2) Applied / Granted?	(3.7.1) Amount (D)	(3.7.2) Applied / Granted?		
(3.1.1) ACQUISITION										
Land		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Real Property with Existing Building		\$0	\$0	\$0	\$0		\$0		\$0	\$0
(3.1.2) PROFESSIONAL SERVICES (As required for procurement)										
Property Survey		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Engineering Design/Redesign		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Scope of Service & Specifications		\$132567	\$0	\$0	\$5000		\$0	Granted	\$122567	\$5000
(3.1.3) CONSTRUCTION/REHAB										
Demolition/Removal		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Site Preparation		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Construction		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Rehabilitation		\$361443	\$0	\$0	\$126443		\$135000	Granted	\$0	\$100000
Lead-based Paint Abatement		\$0	\$0	\$0	\$0		\$0		\$0	\$0
(3.1.4) LABOR										
Contract Labor		\$5000	\$0	\$0	\$0		\$5000	Granted	\$0	\$0
(3.1.5) MATERIALS/SUPPLIES										
Materials and Supplies <i>(Not furnishing, fixtures or equipment)</i>		\$13624	\$0	\$0	\$6872		\$0		\$1752	\$5000
Manufactured Installation Systems		\$0	\$0	\$0	\$0		\$0		\$0	\$0
Eligible Appliances Permanently Affixed to Structure		\$0	\$0	\$0	\$0		\$0		\$0	\$0
(3.1.6) FEES/OTHER OVERHEAD										
Permit Fee(s)		\$500	\$0	\$0	\$0		\$0		\$0	\$500
Other Fees		\$63137	\$0	\$0	\$15000		\$19750		\$13387	\$15000
Required Advertising <i>(if required, ads must be published in at least 2 papers)</i>		\$0	\$0	\$0	\$0		\$0		\$0	\$0
<b>(3.10) TOTALS</b>		\$576771	\$0	\$0	\$153815		\$159750		\$137706	\$125500
Notes										

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

(3.11) Item	(3.12) Description of Methods and Sources	(3.13) Notes
Scope of service	Figures reflect salary and taxes and benefits for staff members to staff the program	
Rehabilitation	Figures reflect dollars to subcontractors and building materials and contract labor. Dollars paid to freelance weather professional	

#### Projections of Project Costs and Funding Needs for FY 2020-21 through 2021-22\*

(3.14) Fiscal Year	(3.15) Total Project Costs	(3.16) Projected Funding by Funding Sources						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2020-21	\$562900	\$111900	\$0	\$132000	\$132000	\$187000	\$0	60
2021-22	\$589500	\$117500	\$0	\$138000	\$138000	\$196000	\$0	70

\*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.

<p><b>(4.1) List all Members of Your Current Board of Directors:</b></p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Telephone</th> </tr> </thead> <tbody> <tr><td>Steve Shockey</td><td>816-452-8614</td></tr> <tr><td>Karen White</td><td>816-229-9277</td></tr> <tr><td>Jill Esry</td><td>816-223-0300</td></tr> <tr><td>Joseph Kenney</td><td>816-252-1668</td></tr> <tr><td>Shaylyn Dean</td><td>816-645-1952</td></tr> <tr><td>Jacqueline Williams</td><td>816-767-1891</td></tr> <tr><td>Matrika Hornsby</td><td>816-695-8093</td></tr> <tr><td>Doug Williams</td><td>816-223-1232</td></tr> <tr><td>Lori Harp</td><td>816-392-4294</td></tr> <tr><td>Dan O'Neill</td><td>816-786-0317</td></tr> <tr><td>Laurie Dean Wiley</td><td>816-853-0977</td></tr> <tr><td>Kim Glaser</td><td>816-282-4461</td></tr> <tr><td>John Hardy</td><td>816-988-5432</td></tr> <tr><td>Brandyce Parks</td><td>816-807-4086</td></tr> </tbody> </table>	Name	Telephone	Steve Shockey	816-452-8614	Karen White	816-229-9277	Jill Esry	816-223-0300	Joseph Kenney	816-252-1668	Shaylyn Dean	816-645-1952	Jacqueline Williams	816-767-1891	Matrika Hornsby	816-695-8093	Doug Williams	816-223-1232	Lori Harp	816-392-4294	Dan O'Neill	816-786-0317	Laurie Dean Wiley	816-853-0977	Kim Glaser	816-282-4461	John Hardy	816-988-5432	Brandyce Parks	816-807-4086		<p><b>(4.5) Displacement of Persons?</b> <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</p>	
Name	Telephone																																	
Steve Shockey	816-452-8614																																	
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Kim Glaser	816-282-4461																																	
John Hardy	816-988-5432																																	
Brandyce Parks	816-807-4086																																	
<p><b>(4.2) Does Your Agency / Division In Charge of the Project CDBG Funding is Requested for have:</b> <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Designated project manager <input type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" 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</p>		<p><b>(4.6) Describe your Agency's in-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves:</b> <i>(It is required that you attach to this application a copy of your program in-take form.)</i></p>	<p>Truman Habitat strictly follows the HUD approved Part 5 method of income verification. Upon receipt of application, the Qualified Loan Officer (QLO) verifies household income based on information listed on the application and supporting documentation of paystubs, W2, Social Security letters, proof of child support, pension, etc. This ensures the applicant is within the income guidelines to be eligible for our program. QLO verifies homeowner insurance is in place by requiring policy information, property taxes (Jackson County Website) and mortgage (if applicable) are current. QLO then pulls credit through CoreLogic to verify current debts, to compare to the information provided on the application.</p> <p>The QLO closely monitors the DTI and uses 36% DTI as a guideline for the max eligible. In accordance with the established HPP program Guidelines, Truman Habitat's CEO may, on a limited basis, waive all or any portion of the required loan repayment, to allow applicants with limited income to access critical home repairs. In keeping with Habitat's hand-up, not a hand-out model, applicants may be asked to contribute additional sweat equity hours in order to offset waivers of loan repayment.</p> <p>Additional requirements verified: Must not have open judgements. Applicant &amp; dependents' names are entered into the National Sex Offender Public Website: <a href="https://www.nsopw.gov">https://www.nsopw.gov</a></p>																														
<p><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></p>	<p><input checked="" 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</p>		<p><b>(4.7) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></p> <p><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</p>	<p>Checklist of these items is attached. As long as the applicant meets all these criteria, they are considered eligible for our program and are ready for construction to initiate a scope.</p>																														
<p><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></p>																																		
<p><b>(4.4) If CDBG-funded, the Property, Facility or Product will be:</b> <i>(Check all that apply)</i> <i>Not applicable</i></p>	<p><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</p>		<p><b>(4.8) Minimum Amount of CDBG Funds Needed to Make This Project Work:</b></p>	<table border="1"> <thead> <tr> <th>(4.8.1) Amount</th> <th>(4.8.2) Why</th> </tr> </thead> <tbody> <tr> <td>\$125,500</td> <td>To meet the minimum 15 projects in Lee's Summit.</td> </tr> </tbody> </table>	(4.8.1) Amount	(4.8.2) Why	\$125,500	To meet the minimum 15 projects in Lee's Summit.																										
(4.8.1) Amount	(4.8.2) Why																																	
\$125,500	To meet the minimum 15 projects in Lee's Summit.																																	
			<p><b>(4.9) Project Schedule -- Your Agency Plans to Start Project Construction:</b></p>	<p><input type="checkbox"/> Before end of 2019 <input type="checkbox"/> Within first half of 2020 <input checked="" type="checkbox"/> Within second half of 2020 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons</p>																														



	<p><b>Notes:</b> *Any steps that will require cooperation with the City of Lee's Summit where required for example, the scope of work and Environmental Review requests will be submitted to the city for completion and approval.</p> <p>** Lyn Westfall, our new Home Preservation and Aging in Place Coordinator comes to us most recently from our Kansas City affiliate, working as the site supervisor for their Home Preservation Program and Project Coordinator for their annual Rock the Block events. Prior to that Lyn worked for more than 20 years in Independence as the Home Repair Coordinator for NorthWest CDC.</p>
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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.





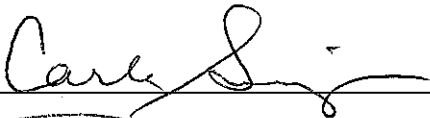
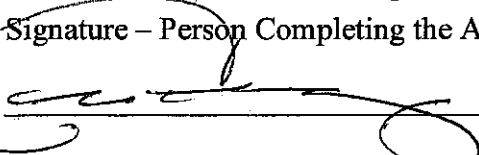
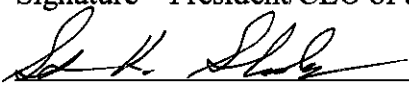
**SECTION V --- Certifications**

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.

\_\_\_\_\_ (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>Development Director</u>	<u>2-6-2020</u>
Signature - Person Completing the Application	Title	Date
	<u>PRESIDENT &amp; CEO</u>	<u>2.6.20</u>
Signature - President/CEO of the Agency	Title	Date
	<u>Board Chairman</u>	<u>02-07-2020</u>
Signature - Board of Directors Chair	Title	Date

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**LEE'S SUMMIT**  
MISSOURI

**Community Development Block Grant Program**  
**APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY**  
**PROGRAM YEAR 2020-2021**

PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
~Development Services, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64083~

Official use only. Do not write in this box.  
Original Funded Amount \$ \_\_\_\_\_  
Environmental Review Completed \_\_\_\_\_

HUD ACT # \_\_\_\_\_  
Fund Adjusted to \$ \_\_\_\_\_  
Project Completed \_\_\_\_\_

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Coldwater of Lee's Summit	(1.17) Program/Project Title:	BackSnacks/Weekend Food Packs
(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: <i>(Check one)</i>	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.19) Program Service Address:	Meadow Lane Elementary, 1421 NE Independence, LS, MO 64086 Hazel Grove Elementary, 2001 NW Blue Pkwy, LS, MO 64083 Westview Elementary, 200 NW Ward Rd, LS, MO 64083 Woodland Elementary, 12709 Smart Rd., LS, MO 64086 Cedar Creek Elementary, 2600 SW 3 <sup>rd</sup> St., LS, MO 64081 Summit Pointe Elementary, 13100 E 147th St, KC, MO 64148 Underwood Elementary, 1125 NE Colbern Rd, L.S., MO 64086 Great Beginnings Early Education Center, 905 Bluestem, LS, MO 64086 LS School District HeadStart Schools - multiple locations Summit Ridge Academy, 2620 SW Ward Road, LS, MO 64082
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	1800 NE Independence Ave.	(1.20) Status: <i>(Check one)</i>	<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
(1.5) City/State/Zip:	Lee's Summit, MO 64086	(1.21) The Plan for 2020-21 is: <i>(Check one)</i>	<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
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	035407579	(1.22) Total Estimated Cost:	\$64,500
(1.7) Total Organization Annual Budget in FY2019-20:	\$ 210,510	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) <u>256</u></li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>250</u></li> <li>Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) <u>226</u> clients.</li> </ul>
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2019-20: <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>	\$ 7,760	(1.24) Client Eligibility by CDBG Definition: <i>(Check one)</i>	<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
(1.9) Executive Director:	Monica Humbarb	(1.25) CDBG Funding Request for 2020-21: <i>(Please round to the nearest dollar)</i>	\$8,000
(1.10) Telephone/Fax:	T: 816-786-0758	(1.26) In 2020, 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
(1.11) Email Address:	director@coldwater.me	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Weekend food packs for 32 students during the school year
(1.13) Total Annual Federal Grants in FY2019-20:	\$ 7,760		
(1.14) Program Administrator/ Key Contact Person:	Monica Humbarb		
(1.15) Telephone/Fax:	T: 816-786-0758		
(1.16) Email Address:	director@coldwater.me		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: <b>(150 words or less)</b>	Coldwater partners with Harvesters to provide up to 178 weekend food packs through the Harvesters BackSnack program and purchases product to pack an additional up to 80 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 consistent weekend nutritional meals benefiting the child's overall health.		

## SECTION II — Program Description and Eligibility Information

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

<p><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></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><b>(2.4) Program Objectives:</b></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><b>(2.2) Detailed Program Description:</b></p> <p><i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>Low wages, costly health problems, mental health issues, and caring for extended family are just some of the issues that can make it difficult for families to provide enough nutritious food for their children. While schools provide breakfast and lunch for these children, on the weekends they do not have this source.</p> <p>Harvesters has identified more than 600 children in Lee's Summit who are considered chronically hungry and who could benefit from extra food on the weekends. Coldwater currently provides weekend food packs for students at 7 different elementary schools in the Lee's Summit School District, as well as the district's early education center (preschool), HeadStart schools and alternative high school. Coldwater also provides food on request to help stock the food pantries at the three Lee's Summit middle schools and three high schools.</p> <p>Coldwater, in partnership with Harvesters, has provided weekend backpacks of food to elementary children for the past 10 school years. These backpacks contain breakfast items, lunches/dinners, milk boxes, water and snacks. Harvesters delivers the BackSnacks (food packs) to Coldwater twice a month. Volunteers move the boxes from pallets onto shelves in the No Hungry Kids! storage room. Each month more than 50 Coldwater volunteers organize and deliver these BackSnacks to the schools. On Thursdays, different groups of volunteers come to Coldwater to prepare them for delivery to the schools, and additional groups of volunteers (including developmentally disabled adult groups from DPI) deliver them to the school counselors for distribution.</p> <p>On these same Thursdays, Coldwater volunteers also prepare weekend food packs with breakfast items, lunches/dinners, milk boxes, water and snacks that are bagged in house. The No Hungry Kids! leader purchases food for these food packs and then the volunteers assemble the food packs on site on Thursdays for distribution by delivery teams to the appropriate schools, including the Great Beginnings Early Education Center (preschool).</p>	<p><b>(2.5) Program Outcomes:</b></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><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b></p> <p><i>(Do not assign a same priority rating to more than one funding requests.)</i></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</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></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><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b></p> <p><i>(More details needed next page)</i></p>	<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></p>	<p>Funding has been and will continue to be received from grants, businesses, churches, civic groups, organizations and individuals.</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><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p>	<p>It is vital to the health and welfare of chronically hungry children to provide them with nutritious food at the earliest stages of their development. Harvesters has identified more than 600 chronically hungry elementary children in Lee's Summit of which Coldwater currently serves up to 178. The Lee's Summit school district has identified more than 60 chronically hungry preschool children as well.</p> <p>Hungry students perform at a lower academic level in school and are more at risk for exhibiting behavior issues. Each day these children go without adequate nutrition puts them more at risk for not excelling at their full potential and developing behavior issues that can follow them all the way through high school and into adulthood.</p>	<p><b>(2.10) Describe How Outcomes are Measured:</b></p> <p><i>(System and methods have been/will be used.)</i></p>	<p>Currently, we measure outcomes based on the criteria established by CDBG.</p> <p>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>



**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 2020-21 Program Budget**

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition	1	\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
<i>Notes</i>										

If this program is a continuing program from prior year(s), please complete the following table.

**FY 2019-20 Actual and Projected Expenses<sup>1</sup> by Funding Sources**

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)
\$47,000	\$47,000	\$6,540	\$5,000	\$7,760	\$	\$	\$27,700
<i>Notes</i>							

1. 12-month expenses between July 1, 2018 and June 30, 2019.

**Projections of Program Expenses and Funding Needs for FY 2021-22 through 2022-23\***

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2021-22	\$68,250	\$12,550	\$20,000	\$8,000	\$	\$	\$27,700	273
2022-23	\$72,000	\$15,300	\$21,000	\$8,000	\$	\$	\$27,700	288

\*Do not provide projections for other programs 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 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-odbg-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><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p>	<p><b>(4.1.2) Telephone</b></p>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <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"> <li>1. Received free or reduced school meals.</li> <li>2. Observed need, crisis situation or in need of financial assistance with school activities.</li> <li>3. Referral from parent.</li> <li>4. Referral from teacher, administrator or SAP.</li> </ol> <p>The school district has strict policies to determine eligibility for students to receive free or reduced lunches.</p>											
	Carly Bade	816-716-4295													
	Stacey Brodersen	816-835-4605													
	Vicki Bullard	816-820-1564													
	Diana Carollo	816-651-8012													
	Shelley Cole	816-210-8005													
	Jennifer Collier	816-803-8199													
	Jan Durbin	816-525-9736													
	Jesse McDaniel	816-896-8711													
	Corey McDonald	816-777-8850													
Sandy Thompson	816-520-3427		<p><b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></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><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> <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 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><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></p> <table border="1"> <tr> <td><b>(4.6.1) Amount</b></td> <td><b>(4.6.2) Why</b></td> </tr> <tr> <td>\$7,760</td> <td>To maintain current number of students</td> </tr> </table>		<b>(4.6.1) Amount</b>	<b>(4.6.2) Why</b>	\$7,760	To maintain current number of students						
<b>(4.6.1) Amount</b>	<b>(4.6.2) Why</b>														
\$7,760	To maintain current number of students														
<p><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></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><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p> <table border="1"> <tr> <td><b>(4.7.1) Fee Type</b></td> <td><b>(4.7.2) Amount</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> No fee for participating in this program</td> </tr> </table>		<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>							<input checked="" type="checkbox"/> No fee for participating in this program	
<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>														
<input checked="" type="checkbox"/> No fee for participating in this program															
<p><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></p> <table border="1"> <tr> <td><b>(4.8.1) Unit Type</b></td> <td><b>(4.8.2) Rate Per Unit</b></td> </tr> <tr> <td>NA</td> <td>\$NA</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table> <p>Notes:</p>			<b>(4.8.1) Unit Type</b>	<b>(4.8.2) Rate Per Unit</b>	NA	\$NA		\$							
<b>(4.8.1) Unit Type</b>	<b>(4.8.2) Rate Per Unit</b>														
NA	\$NA														
	\$														
<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p> <p><input checked="" type="checkbox"/> All expended before the end of 2020</p> <p><input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2020, 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>															



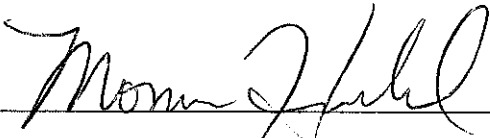


**SECTION V — Certifications**

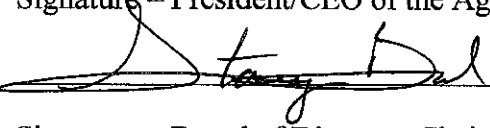
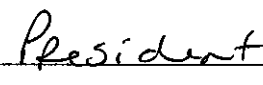

Please print clearly and make sure all blanks are completed unless instructed otherwise.

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 – Board of Directors Chair/President	Title	Date

### ### ###





**LEE'S SUMMIT  
MISSOURI**

**Community Development Block Grant Program  
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY  
PROGRAM YEAR 2020-2021**

PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ \_\_\_\_\_  
Environmental Review Completed \_\_\_\_\_

HUD ACT # \_\_\_\_\_  
Fund Adjusted to \$ \_\_\_\_\_  
Project Completed \_\_\_\_\_

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Hillcrest Ministries of MidAmerica, Inc.	(1.17) Program/Project Title:	Transitional Housing for the Homeless in Lee's Summit, Missouri – Case Manager Salary
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	501 SW Mission Road Lee's Summit, MO 64063
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	501 SW Mission Road	(1.20) 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
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.21) The Plan for 2020-21 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
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	046415892	(1.22) Total Estimated Cost:	\$435,031.85
(1.7) Total Organization Annual Budget in FY2019-20:	\$2,900,229	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 192.</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) 2265.79.</li> <li>Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 128 clients.</li> </ul>
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	(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	(1.24) 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
(1.9) Executive Director:	Tom Lally	(1.25) CDBG Funding Request for 2020-21: (Please round to the nearest dollar)	\$25,000
(1.10) Telephone/Fax:	T:913-291-7359 F:816-994-6946	(1.26) In 2020, 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
(1.11) Email Address:	tom@hillcrestkc.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Case Manager's Salary
(1.13) Total Annual Federal Grants in FY2019-20:	\$0	(1.29) 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.
(1.14) Program Administrator/ Key Contact Person:	Tom Lally		
(1.15) Telephone/Fax:	T:913-291-7359 F:816-994-6946		
(1.16) Email Address:	tom@hillcrestkc.org		

## SECTION II --- Program Description and Eligibility Information

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

<p><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></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 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><b>(2.4) Program Objectives:</b></p> <p><i>(Check closest one)</i></p> <p><input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input checked="" 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><b>(2.5) Program Outcomes:</b></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><b>(2.2) Detailed Program Description:</b></p> <p><i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>Hillcrest will provide 16 private, fully-furnished apartment units at no cost to homeless families in Lee's Summit, Missouri, for a period of up to 90 days. Each resident is required to find and maintain 35-40 hours per week of employment, and attend weekly supportive services classes in case management, budgeting, life-skills, employment, and community living. All clients are homeless and at or below 50% Area Median Income (AMI), with many clients below AMI. CDBG funds will pay for the salary and benefits of the Case Manager, who provides and coordinates all client services.</p> <p>The project will serve an average of 192 individuals during the one-year grant period (based on estimate of one family of four per apartment per quarter x 4 quarters x 16 apartments). All Hillcrest residents enter the program from homelessness. Persons to be assisted are typically single female-led households with children, however two-parent households with children, couples without children, and single adults are also served. Residents represent all ages and ethnicities, and often demonstrate having experienced domestic abuse, mental illness, and other disabling conditions. All clients, regardless of age, race, ethnicity, gender, religious affiliation, sexual orientation, or marital status, are served.</p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></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><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b></p> <p><i>(More details needed next page)</i></p> <p>Hillcrest is supported annually by philanthropic support from individuals, government grants, corporations, foundations, and special events. In addition, a significant number of volunteers donate time, and many faith-based groups provide cash and in-kind support. Funding in 2020 is projected to be the same.</p>
<p><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b></p> <p><i>(Do not assign a same priority rating to more than one funding requests.)</i></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</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></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><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p> <p>The families we serve are in desperate need for affordable housing and assistance in breaking the cycle of generational poverty. According to Stephanie Graham, the homeless services coordinator for the Lee's Summit School District, there are 139 homeless students in the district this year. If there were no Hillcrest Ministries, hundreds of families in Lee's Summit would continue their cycle of homelessness and lack of access to needed services. As multiple studies support, homelessness impacts an individual's physical and mental health as well as education and employment prospects.</p>
		<p><b>(2.10) Describe How Outcomes are Measured:</b></p> <p><i>(System and methods have been/will be used.)</i></p>	<p>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.</p>



### 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 2020-21 Program Budget

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and in-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$211,091	\$	\$186,091	\$25,000	\$		\$		\$211,091
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$5,500	\$	\$5,500	\$	\$		\$		\$5,500
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$61,000	\$	\$61,000	\$	\$		\$		\$61,000
Insurance		\$ 3,000	\$	\$ 3,000	\$	\$		\$		\$ 3,000
Legal Services		\$ 2,500	\$	\$ 2,500	\$	\$		\$		\$ 2,500
Transportation Related		\$ 8,000	\$	\$ 8,000	\$	\$		\$		\$ 8,000
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$60,000	\$	\$60,000	\$	\$		\$		\$60,000
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
Other		\$27,000	\$	\$27,000	\$	\$		\$		\$27,000
<b>(3.10) TOTALS</b>		<b>\$378,091</b>	<b>\$</b>	<b>\$353,091</b>	<b>\$25,000</b>	<b>\$</b>		<b>\$</b>		<b>\$378,091</b>
<i>Notes</i>										

If this program is a continuing program from prior year(s), please complete the following table.

#### FY 2019-20 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)
\$	\$356,000	\$	\$356,000	\$	\$	\$	\$
<i>Notes</i>							

1. 12-month expenses between July 1, 2018 and June 30, 2019.

#### Projections of Program Expenses and Funding Needs for FY 2020-21 through 2021-22\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2020-21	\$378,091	\$	\$353,091	\$25,000	\$	\$	\$	200
2021-22	\$365,000	\$	\$360,000	\$25,000	\$	\$	\$	225

\*Do not provide projections for other programs 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 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.**

<b>(4.1) List Key Members of Your Current Board of Directors:</b>	<b>(4.1.1) Name</b> Barbara Martin Brennan Tucker Bruce Heavner Charley Fleenor George Kapke J. Scott King Kelli Buckner Lisa Hodson Paul Roberts Annie Rogers	<b>(4.1.2) Telephone</b> 816-830-3904 816-726-9728 816-679-2608 816-525-3465 816-461-3800 816-478-6699 816-699-0049 202-460-5127 816-224-7247 913-742-7288	<b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b>  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.  <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>		
	<b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> (Check all that apply)			<b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b>  <input type="checkbox"/> Withdraw application for funding this year <input type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input checked="" type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount	
	<input checked="" type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Full-time program manager/administrator <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input checked="" type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <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				
	<b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b>				<b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b>
	<input checked="" 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				(4.6.1) Amount: \$25,000 (4.6.2) Why: Operating funds for staff members are critical and difficult to secure
					<b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b>
					(4.7.1) Fee Type: _____ (4.7.2) Amount: _____ <input checked="" type="checkbox"/> No fee for participating in this program
					<b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b>
					(4.8.1) Unit Type: _____ (4.8.2) Rate Per Unit: \$ _____ Notes: Rates are not charged per unit.
					<b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b>
		<input type="checkbox"/> All expended before the end of 2019 <input checked="" type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended			



**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.

Hillcrest Ministries of MidAmerica, Inc., dba Hillcrest Transitional Housing (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>Pearlona Campbell</u>	<u>Development Coordinator</u>	<u>2.6.20</u>
Signature – Person Completing the Application	Title	Date
<u>[Signature]</u>	<u>Mrs. K CEO</u>	<u>2-6-2020</u>
Signature – President/CEO of the Agency	Title	Date
<u>[Signature]</u>	<u>Board Chair</u>	<u>2-6-2020</u>
Signature – Board of Directors Chair/President	Title	Date

### ### ###





**LEE'S SUMMIT**  
MISSOURI

**Community Development Block Grant Program**  
**APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY**  
**PROGRAM YEAR 2020-2021**

**PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET**

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ \_\_\_\_\_

Environmental Review Completed \_\_\_\_\_

HUD ACT # \_\_\_\_\_

Fund Adjusted to \$ \_\_\_\_\_

Project Completed \_\_\_\_\_

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Hope House, Inc	(1.17) Program/Project Title:	Children's Therapy Program
(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: <i>(Check one)</i>	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	Hope House is located in Lee's Summit, MO. To protect the safety and confidentiality of those we serve, we do not publicize the physical address; however, it can be made available if required.
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	PO BOX 577	(1.20) Status: <i>(Check one)</i>	<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
(1.5) City/State/Zip:	Lee's Summit MO 64063	(1.21) The Plan for 2020-21 is: <i>(Check one)</i>	<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
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	948450614	(1.22) Total Estimated Cost:	\$376,000.00
(1.7) Total Organization Annual Budget in FY2019-20:	\$ 6,624,370.51	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 185</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) 79.57</li> <li><input type="checkbox"/> Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 185 clients.</li> </ul>
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	<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> \$ 3,115,073.97	(1.24) Client Eligibility by CDBG Definition: <i>(Check one)</i>	<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
(1.9) Executive Director:	MaryAnne Metheny	(1.25) CDBG Funding Request for 2020-21: <i>(Please round to the nearest dollar)</i>	\$20,000.00
(1.10) Telephone/Fax:	T: (816) 257-9331 F: (816) 257-9350	(1.26) In 2020, 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
(1.11) Email Address:	mmetheny@hopehouse.net	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	252 units of children's therapy billed at \$79.57/unit
(1.13) Total Annual Federal Grants in FY2019-20:	\$ 4,302,064.13		
(1.14) Program Administrator/ Key Contact Person:	Brandi Bair, Director of Grants and Compliance		
(1.15) Telephone/Fax:	T: (816) 257-9349 F: (816) 257-9350		
(1.16) Email Address:	bbair@hopehouse.net		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:  (150 words or less)	Hope House's children's therapy program focus on issues relevant to children who have been exposed to violence, such as self-esteem, safety planning, conflict resolution skills, and healthy ways of managing one's emotions. Individual, group, and family therapy are available at no cost for male and female children ages pre-school through 18 who reside onsite in Hope House's emergency shelter and transitional housing as well as children who are utilizing outreach services. Requested CDBG funds will provide approximately 50 children with 252 units of therapy		

**SECTION II --- Program Description and Eligibility Information**

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

<p>(2.1) 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>(2.4) Program Objectives: <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>(2.2) Detailed Program Description: <i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>Research continues to show that domestic violence in the home can have devastating effects on children. Children who are abused or who witness abuse are at risk for post-traumatic stress, depression, anxiety, and other mental health disorders.</p> <p>In order to counter the long-term impact of domestic violence on children, Hope House developed its Children's Therapy Program. Individual therapy helps children heal from the violence experienced in their families. During individual sessions, the therapists encourage the child to become comfortable with talking about their experiences through reading, coloring, playing, or other age-appropriate activities. Therapists also address boundary issues; fears including separation anxiety and anger management; and problem-solving skills. Group therapy includes weekly, age appropriate groups. During these group sessions, the therapists help children to understand the violence was not their fault, express their emotions in a healthy manner, and learn to safety plan. Family therapy helps non-offending parents and their children understand and cope with the effects of domestic violence in the home, addresses appropriate parent/child roles, and facilitates communication. (Hope House does not offer family therapy with the abusive individual.) Group sessions are also held in summer months for junior and senior high school students. Therapists also coordinate services with the Children's Division and/or refer families to other resources such as case management, psychological evaluation, or inpatient care on an as needed basis.</p>	<p>(2.5) Program Outcomes: <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>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></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</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p>(2.6) 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>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different: <i>(More details needed next page)</i></p>	<p>For the past several years, Children's Therapy has been funded through federal, state, and county grants, private foundations, and general contributions to the agency. In 2020, the program will be funded through public grants including the Victims of Crime Act (VOCA), DVSS, Children's Trust Fund, and Jackson County Mental Health Levy Fund. It was also be funded by private grants including Oppenstein Brothers Foundation, AMC Cares, and Health Forward Foundation.</p>
		<p>(2.8) 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 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>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</p>	<p>Although Hope House has secured public funds for the majority of program expenses, the remaining gap in funding will need to be secured in order to ensure program services continue without interruption.</p>
		<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Children will (1) improve their knowledge and/or ability to plan for their safety, (2) demonstrate the ability to self-regulate, (3) make progress toward individual treatment goals, (4) reduce their trauma related symptoms, (5) improve their knowledge of healthy relationship boundaries; and (6) make progress toward group therapy goals and objectives. Outcome 1 is evaluated by the therapist's observation of the child's ability to verbalize a safety plan, outcome 2 is evaluated by the child verbalizing two self-regulation techniques, outcome 3 is evaluated by the therapist noting goal status, and outcome 4 is evaluated by administering the Child Report of Post-traumatic Symptoms (CROPS) at the initial and last session. A positive outcome is a decrease between pre- and post-CROPS test scores. Outcome 5 is evaluated by the therapist's observation of the child's understanding of boundary concepts. Lastly, outcome 6 is evaluated by the therapist's observation that the child demonstrated and/or verbalized an understanding of the group topic.</p>

### 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 2020-21 Program Budget

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$254,300.00	\$	\$66,600.00	\$13,700.00	\$84,800.00	GRANTED	\$48,800.00	APPLIED	\$40,400.01
Fringe Benefits		\$76,400.00	\$	\$20,000.00	\$3,800.00	\$26,300.00	GRANTED	\$13,400.00	APPLIED	\$12,900.00
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$400.00	\$	\$	\$	\$300.00	GRANTED	\$100.00	GRANTED	\$0.00
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$2,700.00	\$	\$200.00	\$	\$		\$2,500.00	GRANTED	\$0.00
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$4,700.00	\$	\$4,700.00	\$	\$		\$		\$0.00
Insurance		\$8,200.00	\$	\$8,200.00	\$	\$		\$		\$0.00
Legal Services		\$0.00	\$		\$	\$		\$		\$0.00
Transportation Related		\$1,300.00	\$	\$100.00	\$400.00	\$800.00	GRANTED	\$		\$0.00
<b>(3.1.6) OTHERS</b>										
IT Tech Support		\$3,900.00	\$	\$1,800.00	\$	\$1,000.00	GRANTED	\$1,100.00	APPLIED	\$0.00
All Other Direct Costs		\$600.00	\$	\$	\$200.00	\$		\$400.00	APPLIED	\$0.00
Indirect Costs		\$23,500.00	\$	\$10,700.00	\$1,900.00	\$		\$10,900.00	APPLIED	\$0.00
		\$	\$	\$	\$	\$		\$		\$0.00
<b>(3.10) TOTALS</b>		<b>\$376,000.00</b>	<b>\$0.00</b>	<b>\$112,300.00</b>	<b>\$20,000.00</b>	<b>\$113,200.00</b>		<b>\$77,200.00</b>		<b>\$53,000.00</b>
Notes	*Hope House is the current recipient of funding from the Jackson County Community Mental Health Fund, Children's Trust Fund, Domestic Violence Shelter & Supportive Services Fund & Victim's of Crime Act. Hope House has also secured private funding for this program and continues to request private funding for this program.									

If this program is a continuing program from prior year(s), please complete the following table.

#### FY 2019-20 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)
\$296,800.00	\$304,700.00	\$	\$79,700.00	\$4,900.00	\$123,100.00	\$90,500.00	\$6,500.00
Notes	1. 12-month expenses between July 1, 2018 and June 30, 2019. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.						

1. 12-month expenses between July 1, 2018 and June 30, 2019.

#### Projections of Program Expenses and Funding Needs for FY 2020-21 through 2021-22\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type				(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	
2020-21	\$394,800.00	\$	\$117,900.00	\$21,000.00	\$118,900.00	50
2021-22	\$414,500.00	\$	\$123,800.00	\$22,000.00	\$124,800.00	50

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



should this match 1.23 (185)

## 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.

<b>(4.1) List Key Members of Your Current Board of Directors:</b>	(4.1.1) Name	(4.1.2) Telephone	<b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>	Children's Therapy Program participants are referred from the Shelter and Outreach Programs. Primary admission criteria include current or past domestic violence in the family. The Child and Family therapists connect with each adult residing in shelter with children to explain the program and offer services. During the first session, a family intake is completed with the parent/guardian requesting individual therapy for their child and consent for services for their child is signed. The presenting problem is discussed and the treatment participation plan is then completed with the parent and/or the child depending on the age and verbal skills of the child. A treatment plan outlining specific goals is then completed by the therapist, in consultation with the parent/guardian, and signed by the therapist and the parent/guardian.		
	Angela Ross Presnell	816-686-5851				
	Michael Moore	816-945-5648				
	Julie Ross	913-664-0764				
	Abby Mocek	913-234-6606				
	Tina Johnson	816-287-1528				
	Monica Alderson	816-545-6031				
	Whitney Bartelli	816-298-2203				
	Samuel Dean	816-218-1039				
	Amy Doll	913-905-8315				
	Erica Froelich	816-292-8789				
	LaToya Garcia	816-729-2235				
	Neil Getzlow	913-940-2960				
	Crystal Howard	816-983-8218				
	Joe Kauten	913-236-2069				
	Lee Moore	816-426-8178				
	<b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Non-home-based office space <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Full-time program manager/administrator <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <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			<b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b>	<input type="checkbox"/> Withdraw application for funding this year <input type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input checked="" type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount
<b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b>		<input checked="" 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		<b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b>		(4.6.1) Amount: Any amount available (4.6.2) Why: Hope House welcomes any funding amount offered in order to maintain the highest quality care for clients.
		<b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b>				(4.7.1) Fee Type: NA (4.7.2) Amount: \$0 <input checked="" type="checkbox"/> No fee for participating in this program
<b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b>		(4.8.1) Unit Type: Unit of Children's Therapy (4.8.2) Rate Per Unit: \$79.57	<b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b>	<input type="checkbox"/> All expended before the end of 2019 <input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter <input checked="" type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended		

**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.

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.

Taylor Westbrook Grants Coordinator 2/6/2020

Signature – Person Completing the Application Title Date  
MaryAnne Meshery Chief Executive Officer 1/28/2020

Signature – President/CEO of the Agency Title Date  
Opal Paul Board Chair 1-28-2020

Signature – Board of Directors Chair/President Title Date

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**LEE'S SUMMIT**  
MISSOURI

**Community Development Block Grant Program**  
**APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY**  
**PROGRAM YEAR 2020-2021**

**PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET**

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.  
Original Funded Amount \$  
Environmental Review Completed

HUD ACT #  
Fund Adjusted to \$  
Project Completed

**SECTION I — Summary**

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

(1.1) Applicant Agency Name:	Lee's Summit Social Services	(1.17) Program/Project Title:	Operating Expenses
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	108 SE 4th Street, LSMO 64063
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	108 SE 4th Street	(1.20) Status: (Check one)	<input type="checkbox"/> On-going CDBG-funded activity <input checked="" type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.21) The Plan for 2020-21 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
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	80-569-8255	(1.22) Total Estimated Cost:	\$51,000
(1.7) Total Organization Annual Budget in FY2019-20:	\$560,000	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	2770
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	(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) \$28,000	(1.24) Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% LM 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 LM income Census geographic area or well-defined service boundaries where at least 51% of all residents are of LM income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	Matt Sanning	(1.25) CDBG Funding Request for 2020-21: (Please round to the nearest dollar)	\$28,000
(1.10) Telephone/Fax:	T: 816-525-4357 F: 8165252909	(1.26) In 2020, 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
(1.11) Email Address:	matt@lssocialservices.com	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Operating expenses: Utilities, Vehicle expenses, Gasoline, Repairs, Insurance
(1.13) Total Annual Federal Grants in FY2019-20:	\$0		
(1.14) Program Administrator/ Key Contact Person:	Megan Salerno		
(1.15) Telephone/Fax:	T: 5254357 F: 5252909		
(1.16) Email Address:	megan@lssocialservices.com		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant 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 utility and vehicle costs incurred through full time operation. Grant money received from CDBG continues to allow the agency to be reimbursed for those expenditures and then allocate that money towards the growing need in the community.		

Development Services

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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><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></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><b>(2.4) Program Objectives:</b> (Check closest one)</p> <p><input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input checked="" 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><b>(2.5) Program Outcomes:</b> (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><b>(2.2) Detailed Program Description:</b> <i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>Lee's Summit Social Services was incorporated in March, 1992 as a non-profit agency to benefit low income families and individuals with basic needs such as food, utility and rent assistance, clothing, medical items, school supplies for children and holiday needs.</p> <p>Our Social worker conducts interviews, collects documentation, which the client provides: verification of income to household, current address, picture ID of all adults in household, and social security cards for all residing in household. A budget workup is included in the first visit and as often as needed in subsequent visits.</p> <p>Referrals are made to other agencies as needed. A determination of what course of action is needed for the family, and immediate assistance is given. Major tasks for follow up visits are to see that referrals, if given were acted upon, current changes to household are recorded, budget tips and employment information are discussed and verify that children are enrolled in school.</p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></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><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b> <i>(More details needed next page)</i></p> <p>CDBG funding makes it possible to continue the operation of our programs which serve people who are in need. The cost of assistance to the families is rising with the increase of utility, house and food prices. LSSS served 2,077 individuals in 2019.</p> <p>CDBG funding, which assists with operating expenses, makes it possible to use agency funds to provide basic client needs. Without CDBG funding, many clients would be turned away.</p>
<p><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b> <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p>1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input checked="" type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></p> <p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input checked="" 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><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p> <p>Assistance was given 20,963 times in 2019 to 2,077 unduplicated individuals. Many of the people who seek assistance are working for low income, or waiting on benefits such as TANF, WIC, Social Security and other programs that take weeks to review a case. With the rise in homelessness and the growing need in our community, we have the ability to help those who seek our assistance, but without CDBG, we have to further limit the amount of help we can give in order to use additional funds for operating expenses.</p>
		<p><b>(2.10) Describe How Outcomes are Measured:</b> <i>(System and methods have been/will be used.)</i></p>	<p>Outcomes are measured by reports from Mid America Assistance Coalition MAACLink 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.</p>



**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 2020-21 Program Budget**

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$ 20000	\$ 6000	\$	\$ 14000	\$		\$		\$
Insurance		\$ 17000	\$ 10000	\$	\$ 7000	\$		\$		\$
Legal Services		\$ 7000	\$ 4000	\$	\$ 3000	\$		\$		\$
Transportation Related		\$ 7000	\$ 3000	\$	\$ 4000	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		<b>\$ 51000</b>	<b>\$ 23000</b>	<b>\$</b>	<b>\$ 28000</b>	<b>\$</b>		<b>\$</b>		<b>\$</b>
<i>Notes</i>										

If this program is a continuing program from prior year(s), please complete the following table.

**FY 2019-20 Actual and Projected Expenses<sup>1</sup> by Funding Sources**

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)
\$ 51,000	\$ 51,000	\$ 23,000	\$	\$ 28,000	\$	\$	\$
<i>Notes</i>							

<sup>1</sup> 12-month expenses between July 1, 2018 and June 30, 2019.

**Projections of Program Expenses and Funding Needs for FY 2020-21 through 2021-22\***

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2020-21	\$ 51,000	\$ 23,000	\$	\$ 28,000	\$	\$	\$	
2021-22	\$ 52,500	\$ 24,500	\$	\$ 30,000	\$	\$	\$	

\*Do not provide projections for other programs 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 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><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p>	<p><b>(4.1.2) Telephone</b></p>
	Donald Killion	816-795-4029
	Tom Earley	816-524-1800
	Philip Strawbridge	202-255-8031
	Susan Coffman	816-524-2462
	Syrillier M. Kabat, Phd	816-524-5257
	Don Kahan	816-524-6000
	Duane Muckey	816-525-9015
	Chad Anderson	
	Ashley Nowell	
	Bob Johnson	
	Raul Guerrero	816-246-7141
Dan Manley	816-525-4902	
Carmen Spaeth		
<p><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)</b></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 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><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></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><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	
<p><b>(4.4) Describe your Program Intake and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program intake form for compliance verification.)</b></p>	<p>Lee's Summit Social Services uses the Mid America Assistant Coalition intake form which requires clients state and federal identification, all household member names, dates of birth, social security numbers, income and address verification. Budget work up is done by social worker and eligibility is determined by income guidelines and emergency need. Assistance is given and referrals are made as needed.</p>	
<p><b>(4.5) Should CDBG Funds be Granted be Less than Requested, Choose One as Your Preference:</b></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 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><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></p>	<p><b>(4.6.1) Amount</b></p> <p>\$ 28,000</p>	<p><b>(4.6.2) Why</b></p> <p>One of the largest annual expenditures continues to be utility and vehicle costs incurred through full-time operation. Grant money received from CDBG continues to allow the agency to allocate that money towards the growing need. Without it, we are unable to help as many clients.</p>
<p><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p>	<p><b>(4.7.1) Fee Type</b></p>	<p><b>(4.7.2) Amount</b></p>
<p><input type="checkbox"/> No fee for participating in this program</p>		
<p><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></p>	<p><b>(4.8.1) Unit Type</b></p>	<p><b>(4.8.2) Rate Per Unit</b></p>
<p>Notes:</p>		
<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p>	<p><input type="checkbox"/> All expended before the end of 2019</p> <p><input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2020, 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>	





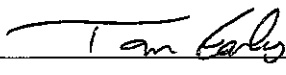
**SECTION V -- Certifications**

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.

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.

<u></u>	<u>Assistant Director</u>	<u>2/6/2020</u>
Signature – Person Completing the Application	Title	Date
<u></u>	<u>Executive Director</u>	<u>2/7/2020</u>
Signature – President/CEO of the Agency	Title	Date
<u></u>	<u>Chair</u>	<u>2/7/2020</u>
Signature – Board of Directors Chair/President	Title	Date

### ##





**LEE'S SUMMIT  
MISSOURI**

**Community Development Block Grant Program  
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY  
PROGRAM YEAR 2020-2021**

**PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET**

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ \_\_\_\_\_  
Environmental Review Completed \_\_\_\_\_

HUD ACT # \_\_\_\_\_  
Fund Adjusted to \$ \_\_\_\_\_  
Project Completed \_\_\_\_\_

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	ReDiscover	(1.17) Program/Project Title:	Case Management for High Risk Students
(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: <i>(Check one)</i>	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	Lee's Summit Elementary School 110 SE Green St., Lee's Summit, MO 64086
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	1555 NE Rice Road	(1.20) Status: <i>(Check one)</i>	<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
(1.5) City/State/Zip:	Lee's Summit, MO 64086	(1.21) The Plan for 2020-21 is: <i>(Check one)</i>	<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
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	044123800 0000	(1.22) Total Estimated Cost:	\$43,410
(1.7) Total Organization Annual Budget in FY2019-20:	\$50,539,597	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	• Total estimated budget will serve (#) <u>220</u> • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____ <input checked="" type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>175</u> clients.
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	<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> \$191,000 \$28,240	(1.24) 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 checked="" 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
(1.9) Executive Director:	Jennifer Craig	(1.25) CDBG Funding Request for 2020-21: <i>(Please round to the nearest dollar)</i>	7,596
(1.10) Telephone/Fax:	T:816-347-3245 F:816-347-3200	(1.26) In 2020, 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
(1.11) Email Address:	jcraig@rediscovermh.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Case management time at Lee's Summit Elementary (including salary, benefits and overhead at \$33.79).
(1.13) Total Annual Federal Grants in FY2019-20:	\$191,000 \$28,240		
(1.14) Program Administrator/ Key Contact Person:	Micki Fisher		
(1.15) Telephone/Fax:	T: 816-965-1695 F: 816-581-5881		
(1.16) Email Address:	mrfisher@rediscovermh.org		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:  (150 words or less)	<p>The target population includes at-risk Lee's Summit Elementary School children (K-6) including those with specific risks or disparities in access to behavioral health, physical health, violence prevention, academic achievement, housing or other related risks. Assessment, therapy, education and referral will be provided 3 days per week.</p> <p>The project will maintain an ongoing outreach network of teachers, school staff, parents and others to identify high-risk children and connect them to a process that involves an assessment, social skills groups and referrals for ongoing services for the child and the family.</p> <p>It will use prevention and behavioral health techniques to engage Lee's Summit children in active programs early in their lives. Project outcomes include: improvements in academic performance, school attendance and suspension rates.</p>		

Development Services

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

## SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) 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>(2.4) Program Objectives: <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>(2.2) Detailed Program Description: <i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>The target population includes at-risk Lee's Summit Elementary School children (K-6) including those with specific risks or disparities in access to behavioral health, physical health, violence prevention, academic achievement, housing or other related risks. Assessment, therapy, education and referral will be provided 3 days per week.</p> <p>The project will maintain an ongoing outreach network of teachers, school staff, parents and others to identify high-risk children and connect them to a process that involves an assessment, social skills groups and recommendations for ongoing services for the child and the family.</p> <p>The target population includes more than 200 students and 6 group sessions per week, usually done as 3 groups per day /two days per week. It is anticipated that 6-8 children will participate in each group session.</p> <p>This program is fully integrated into the R-7 school district. School staff engages in weekly supervision at ReDiscover, as well as in weekly treatment team meetings. The case manager meets regularly with the school's principal and counselor. The case manager is housed fulltime at LS Elementary.</p>	<p>(2.5) Program Outcomes: <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>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p>X 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p>(2.6) 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>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different: <i>(More details needed next page)</i></p>	<p><input type="checkbox"/> MO Dept of Mental Health</p> <p><input type="checkbox"/> MO Medicaid</p> <p><input type="checkbox"/> Private Insurance</p> <p><input type="checkbox"/> COMBAT</p> <p><input type="checkbox"/> Jackson County Community Mental Health Fund</p> <p><input type="checkbox"/> Local Foundations</p> <p><input type="checkbox"/> Private Donors</p>	<p>(2.8) 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 checked="" type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
<p>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</p>	<p>Economic stressors continue to negatively impact Lee's Summit residents. Children are exhibiting the manifestations of these stressors. The majority of these families do not have the resources needed to access critical services. CDBG funding allows ReDiscover to intervene early and circumvent behaviors that are detrimental to the larger society</p>	<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Success is measured by improvements in academic performance, school attendance and suspension rates. Students learn to: manage risk factors in practical and positive ways; find and provide mutual support among peers; and develop a positive relationship with an adult role model. Methods include observation, record review and surveys.</p>



### 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 2020-21 Program Budget

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted? (E)	(3.8.1) Amount (E)	(3.8.2) Applied or Granted? (F)	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$35,402	\$	\$	\$6,195	\$		\$		\$29,207
Fringe Benefits		\$8,008	\$	\$	\$1,401	\$		\$		\$6,607
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		<b>\$43,410</b>	<b>\$</b>	<b>\$</b>	<b>\$7,596</b>	<b>\$</b>		<b>\$</b>		<b>\$35,814</b>
<i>Notes</i>										

If this program is a continuing program from prior year(s), please complete the following table.

#### FY 2019-20 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)
\$	\$43,410	\$	\$	\$6,900	\$	\$	\$36,510
<i>Notes</i>							

1. 12-month expenses between July 1, 2018 and June 30, 2019.

#### Projections of Program Expenses and Funding Needs for FY 2020-21 through 2021-22\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2020-21	\$43,410	\$	\$	7,596		\$	35,814	220
2021-22	\$44,495	\$	\$	\$7,813	\$	\$	\$36,682	225

\*Do not provide projections for other programs 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 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><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p>	<p><b>(4.1.2) Telephone</b></p>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p> <p>A child can be referred to the program by school personnel (teacher, lunch room aide, secretary, counselor, etc.) parent, another adult (coach, classroom volunteer) or the child. The case manager will observe a child's behavior in a classroom or other school environment (outside or inside) and document that behavior. An informal plan will be developed to address the child's need, family need and/or school's personnel needs. This plan is shared with the student and identified adults. It may include individual or group action steps or referral to other resources for additional services such as mental health counseling, community resources, etc.</p>					
	Manuel (Manny) Abarca IV	(816) 499-1155						
	David Bower	(816) 353-4915						
	Jennifer Craig	(816) 347-3245						
	Edward Gaffney	(816) 422-4439						
	Orlando Gutierrez	(816) 729-9591						
	Leonard Jones	(816) 763-3040						
	Sandy Kessinger	(816) 806-7366						
	Randall (Randy) Rhoads	(816) 524-8245						
	Laura Ritterbush	(816) 788-5266						
	Rob Robinson	(913) 271-7308						
	Kathy Ross	(913) 869-4923						
	Catherine Singleton	(913) 522-3100						
	Stephanie Spears	(913) 895-4154						
David Stackelhouse	(816) 478-0385							
Erika Kauffman Wheeler	(816) 305-6172							
<p><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Non-home-based office space</li> <li><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</li> <li><input checked="" type="checkbox"/> Full-time program manager/administrator</li> <li><input checked="" type="checkbox"/> Full-time secretarial/clerical person</li> <li><input checked="" type="checkbox"/> Certified financial/accounting person on staff</li> <li><input checked="" type="checkbox"/> Certified procurement/purchasing person</li> <li><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</li> <li><input checked="" type="checkbox"/> Computerized client information system</li> <li><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</li> <li><input checked="" type="checkbox"/> Designated independent financial audit service</li> <li><input checked="" type="checkbox"/> Annual financial audit or financial reporting</li> <li><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</li> <li><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</li> </ul>		<p><b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></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><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</li> <li><input type="checkbox"/> Not sure and would need City's assessment to make that determination</li> <li><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</li> <li><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____</li> <li><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</li> </ul>		<p><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></p> <table border="1"> <tr> <td><b>(4.6.1) Amount</b></td> <td><b>(4.6.2) Why</b></td> </tr> <tr> <td>Any amount</td> <td>ReDiscover covers the difference between the grant and therapist's salary, but having to cover more of it means something else has to give, so we always appreciate being awarded as much as possible.</td> </tr> </table>	<b>(4.6.1) Amount</b>	<b>(4.6.2) Why</b>	Any amount	ReDiscover covers the difference between the grant and therapist's salary, but having to cover more of it means something else has to give, so we always appreciate being awarded as much as possible.	
<b>(4.6.1) Amount</b>	<b>(4.6.2) Why</b>							
Any amount	ReDiscover covers the difference between the grant and therapist's salary, but having to cover more of it means something else has to give, so we always appreciate being awarded as much as possible.							
<p><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p>	<table border="1"> <tr> <td><b>(4.7.1) Fee Type</b></td> <td><b>(4.7.2) Amount</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">N/A</td> </tr> </table> <p><input type="checkbox"/> No fee for participating in this program</p>		<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>	N/A			
<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>							
N/A								
<p><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></p>	<table border="1"> <tr> <td><b>(4.8.1) Unit Type</b></td> <td><b>(4.8.2) Rate Per Unit</b></td> </tr> <tr> <td>Case Management</td> <td>\$33.79</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table> <p>Notes:</p>		<b>(4.8.1) Unit Type</b>	<b>(4.8.2) Rate Per Unit</b>	Case Management	\$33.79		\$
<b>(4.8.1) Unit Type</b>	<b>(4.8.2) Rate Per Unit</b>							
Case Management	\$33.79							
	\$							
<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> All expended before the end of 2019</li> <li><input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</li> <li><input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service</li> <li><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</li> </ul>							

**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.

ReDiscover (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>Micki Fisher</u>	<u>Grant Mgr + Data Rep</u>	<u>2/7/2020</u>
Signature - Person Completing the Application	Title	Date
<u>Jimmy Clay</u>	<u>President/CEO</u>	<u>2/7/2020</u>
Signature - President/CEO of the Agency	Title	Date
<u>David Sucketh</u>	<u>Board Chairman</u>	<u>2/7/2020</u>
Signature - Board of Directors Chair/President	Title	Date

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LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2020-2021

Agency Name LEE'S SUMMIT HOUSING AUTHORITY

Name of the Program/Project DUNCAN ESTATES EXTERIOR REHABILITATION

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 Program**  
**APPLICATION FORM FOR CONSTRUCTION/ REHAB/ ACQUISITION/ DEMOLITION\***  
**PROGRAM YEAR 2020-2021**

PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box. Original Funded Amount \$ _____ Environmental Review Completed _____	HUD ACT # _____ Fund Adjusted to \$ _____ Project Completed _____
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\*Activities for special economic development may not fit this form per HUD regulations. Please contact the City for additional instructions.

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Housing Authority of the City of Lee's Summit	(1.22) Program/Project Title:	Duncan Estates Exterior Rehabilitation
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes X No <input type="checkbox"/>	(1.23) Location of Project: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No X	(1.24) 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
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	Lee's Summit Housing Authority 111 SE Grand Avenue	(1.25) Total Estimated Project Cost: (Do not fill this blank until you finish the entire form)	\$825,000
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.26) Cost Estimate Is Based on: (You may attach the estimate details)	Initial Estimate by Architect & LSHA Staff
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	781244835	(1.27) Cost Estimate Includes: (Majority of construction and reconstruction projects require these for procurement)	<input type="checkbox"/> Property Survey <input type="checkbox"/> Engineering Design <input type="checkbox"/> Bid Advertising (in 2 papers at minimum, one of which must be a minority paper)
(1.7) Total Organization Annual Budget in FY2019-20:	\$5,476,987	(1.28) Cost Estimate Also Includes: (May be required for procurement)	<input checked="" type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon)
(1.8) Executive Director:	Erik A. Berg	(1.29) # of Clients to be Served: (Only clients enrolled for service)	66 Residential Units total
(1.9) Telephone/Fax:	T: 816-524-1100 F: 816-524-1878	(1.30) 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
(1.10) Email Address:		(1.31) Amount of CDBG Funding Request for 2020-21: (Please round to the nearest dollar)	\$200,000
(1.11) Governed by Board of Directors?	Yes X No <input type="checkbox"/>	(1.32) Specifically what will CDBG Funds Pay For? (Be as specific as possible and avoid using general terms.)	66 units – front porches, columns, exterior doors, windows, Hardi-board exterior siding, exterior paint & caulking, gutters & downspouts, soffits
(1.12) Total Annual Federal Grants in FY2019-20:	\$4,996,507	(1.33) If Expected, are the Other Funds Secured?	Yes X No <input type="checkbox"/>
(1.13) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	(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) \$5,476,987		
(1.14) Prior Experience with Similar Projects Funded with Federal Grant?	Yes X No <input type="checkbox"/> (If No, skip the next question)		
(1.15) Name the Most Recent Such Project and Year:	CDBG 2018-2019 PY \$150,000; Total Project Cost \$311,000		
(1.16) Project Manager:	Darrin Taylor & Erik Berg		
(1.17) Telephone/Fax:	T: 816-524-1100 F: 816-524-1878		
(1.18) Email Address:	erik.berg@leessummithousingauthority.org		
(1.19) Project Key Contact:	Erik Berg		
(1.20) Telephone/Fax:	T: 816-524-1100 F: 816-524-1878		
(1.21) Email Address:	erik.berg@leessummithousingauthority.org		

<p>(1.34) Project Type:</p> <p>(Check one)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acquisition of Real Property for Public Use</li> <li><input type="checkbox"/> Demolition for a Public Purpose</li> <li><input type="checkbox"/> Not-for-profit Facility Reconstruction</li> <li><input type="checkbox"/> Not-for-profit Facility New Construction</li> <li><input type="checkbox"/> Public Facility/Infrastructure Improvement</li> <li><input checked="" type="checkbox"/> Housing Rehabilitation/Repairs</li> <li><input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents</li> </ul>	<p>(1.35) Brief Description of the Project and the Impact the Requested CDBG Grant will have: (150 words or less)</p>	<p>The capital improvements identified are part of the LSHA 5-Year Plan 10/01/2019-9/30/2023 and as identified in the Environmental Review record for 10/01/2015-09/30/2019. These improvements are determined necessary for the long term viability and preservation of the low-income public housing stock. All capital improvements are designed to improve energy efficiency, conserve natural resources, and lower utility costs. The LSHA 5-Year Plan is based on the UPCS inspections by HUD/REAC Real Estate Assessment Center. CDBG funds are necessary to carry out required capital improvements; to maintain the housing stock and to carry out its mission of providing safe, decent and affordable housing.</p>
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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><b>(2.1) Does the Project Satisfy Any of These National Objective Related Qualifiers?</b></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><b>(2.5) If Filing Multiple CDBG Requests, Assign a Priority:</b> <i>(Must be different from requests.)</i></p> <p>x 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)</p>	
<p><b>(2.2) Detailed Description of the Project for Which Funds are Requested:</b></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>LSHA properties are aging, and all aging properties require capital improvements and maintenance for their preservation. LSHA anticipates investing a significant amount of our limited resources to complete these projects; however, CDBG funds will allow these projects to be completed more expeditiously and efficiently.</p> <p>LSHA properties are the only public housing options guaranteed to remain affordable in the community for the foreseeable future. A precious community resource, it is important to identify problems and take actions to cost effectively and efficiently rehabilitate the properties.</p> <p>The LSHA uses information from annual Uniform Physical Conditions Standards (UPCS) inspections to complete 5-Year and Annual Plans to carry out capital improvements. LSHA capital improvements planning emphasizes energy efficiencies where cost effective and feasible. The current capital improvements project is Phase III of a multi-year plan to improve living conditions in 66 residential units at Duncan Estates and the grounds at Lee Haven.</p> <p>Improvements focus on exterior rehabilitation of units at Duncan Estates. Exterior improvements at the units of Duncan Estates include replacement of existing vinyl siding with long-lasting Hard-board siding, painting and caulking, replacement of soffits, gutters, and downspouts, exterior doors, and the front porches.</p> <p>Conserve Natural Resources, Reduce Utility Costs, Long-Term Viability, Improve Living Conditions.</p> <p>NA-35 Public Housing – 91.205(b)</p> <p>MA-25 Public and Assisted Housing –</p>	<p><b>(2.6) Project Objectives:</b> <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><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 checked="" type="checkbox"/> Sustainability <i>(Making the community or neighborhood more viable)</i></p>
		<p><b>(2.7) Project Outcomes:</b> <i>(Check closest one)</i></p>	
		<p><b>(2.8) If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?</b></p>	<p>Year <u>1996</u> <i>(improvements are original)</i></p>
		<p><b>(2.9) If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?</b></p>	<p>LSHA has utilized HUD CFP and City CDBG funds to carry out physical improvements to its properties. Physical improvements are identified in a 5-Year Plan, with the focus on preserving long term viability of existing low-income public housing stock.</p>
		<p><b>(2.10) If This Project is not Funded, What Impact will it have on the Number of Clients Served?</b></p>	<p><input type="checkbox"/> Will Not Change</p> <p><input type="checkbox"/> Will Decrease Slightly</p> <p><input checked="" type="checkbox"/> Will Decrease Significantly</p> <p><input type="checkbox"/> No Clients Will be Served</p> <p><input type="checkbox"/> No Additional Clients Will be Served</p>
		<p><b>(2.11) If this Project is Not Funded in this Program Cycle, Your Agency or Service:</b> <i>(Check all that apply.)</i></p>	<p><input 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 checked="" 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><b>(2.12) Factors Potentially Affecting the Implementation of this Project:</b> <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 type="checkbox"/> Weather-sensitive</p> <p><input type="checkbox"/> Other Possible External Factors</p>
		<p><b>(2.13) If Procurement is Required for the Project, You Expect?</b></p>	<p><input checked="" type="checkbox"/> Procurement to be Done In-house</p> <p><input type="checkbox"/> To Request for City Service on Our Behalf</p> <p><input type="checkbox"/> Decision to be Made at a Later Date</p> <p><input type="checkbox"/> Withdraw This Funding Request</p>



	<p>91.210(b)</p> <p>AP-60 Public Housing – 91.220(h)</p>	
<p><b>(2.3) Detailed Justification of the Need:</b></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>MA-25 Public and Assisted Housing – 91.210(b)</p> <p>AP-60 Public Housing – 91.220(h)</p> <p>AP-55 Affordable Housing 91.220(g)</p> <p>Meeting LSHA 5-Year Plan Objectives and Consolidated Plan Objectives, as well as National CDBG Objectives – Benefiting LMI Elderly/Disabled Public Housing Residents – LMI Housing Rehabilitation of Permanent Housing.</p> <p>The Lee's Summit Housing Authority receives limited funding from the U.S. Department of Housing and Urban Development. Each year, LSHA undergoes a Uniform Physical Conditions Standards Inspection according to protocol established by the HUD Real Estate Assessment Center (REAC). Inspection results along with information from maintenance work-orders and tenant complaints is used as a basis for developing our 5-Year Plan for modernization and capital improvements. All identified work items are evaluated using data on expected life-expectancies from the Uniform Residential Rehabilitation Guide. Our projects list as identified in our 5-Year Plan are prioritized and included in an environmental review previously conducted. In FY-2021, FY-2022 and FY-2023, the plan includes necessary rehabilitation of the exteriors of the properties, including replacement of all siding, windows, gutters, downspouts and soffits, and front porches at Duncan Estates. We anticipate the project(s) will be phased as initial total project cost estimates are being finalized but are expected to be approximately \$825,000. To accomplish this project, LSHA will use Capital Fund Program (CFP) in conjunction with CDBG grant funds over a three-year period. CDBG funds are necessary to augment limited HUD funding to allow LSHA to maintain its low-income properties in a manner consistent with community values and commensurate with providing safe, decent and affordable housing for the primarily senior and disabled families we</p>	

	<p>serve. The use of CDBG funds on these projects is consistent with the objectives identified in the City of Lee's Summit Consolidated Plan.</p>	
<p><b>(2.4) This Project is Directly Related to the Applicant's Service of Providing:</b></p>	<p><input checked="" type="checkbox"/> Affordable Housing and Transitional Housing</p> <p><input type="checkbox"/> Public Housing/Housing Choice Voucher Program</p> <p><input type="checkbox"/> Temporary Shelter</p> <p><input type="checkbox"/> Childcare</p> <p><input type="checkbox"/> Youth Services</p> <p><input type="checkbox"/> General Public Services</p> <p><input checked="" type="checkbox"/> Services for Seniors and the Disabled</p> <p><input type="checkbox"/> General/Mental Health Services</p> <p><input type="checkbox"/> Education Services</p> <p><input type="checkbox"/> Job Training/Readiness Services</p> <p><input type="checkbox"/> Drug/Alcohol Abuse Counseling/Treatment</p> <p><input type="checkbox"/> 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 2019-2020 Project Budget

(3.1) Service/Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Project Cost (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Cash and In-Kind Donations (B)	(3.6) Other Federal Funds		(3.7) State & Local Grants		(3.8) All Other Funds (E)	(3.9) Desired CDBG Amount (F)
					(3.6.1) Amount (C)	(3.6.2) Applied / Granted?	(3.7.1) Amount (D)	(3.7.2) Applied / Granted?		
<b>(3.1.1) ACQUISITION</b>										
Land		\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.2) PROFESSIONAL SERVICES (As required for procurement)</b>										
Property Survey		\$	\$	\$	\$		\$		\$	\$
Engineering Design/Redesign		\$	\$	\$	\$		\$		\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.3) CONSTRUCTION/REHAB</b>										
Demolition/Removal		\$	\$	\$	\$		\$		\$	\$
Site Preparation		\$	\$	\$	\$		\$		\$	\$
Construction		\$	\$	\$	\$		\$		\$	\$
Rehabilitation	1	\$290,000	\$	\$	\$90,000	90,000	\$		\$90,000	\$200,000
Lead-based Paint Abatement		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.4) LABOR</b>										
Contract Labor		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.5) MATERIALS/SUPPLIES</b>										
Materials and Supplies <i>(Not furnishing, fixtures or equipment)</i>		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.6) FEES/OTHER OVERHEAD</b>										
Permit Fee(s)		\$	\$	\$	\$		\$		\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising <i>(If required, ads must be published in at least 2 papers)</i>		\$	\$	\$	\$		\$		\$	\$
<b>(3.10) TOTALS</b>		\$290,000	\$	\$	\$90,000	90,000	\$		\$90,000	\$200,000
<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

(3.11) Item	(3.12) Description of Methods and Sources	(3.13) Notes
Occupied Residential Rehab	Architect Consultation – HUD Residential Rehabilitation Inspection Guide	Total rehabilitation line item project costs inclusive of labor, materials, construction overhead, wage rates, insurance, A/E fees and costs and advertising.

#### Projections of Project Costs and Funding Needs for FY 2020-21 through 2021-22\*

(3.14) Fiscal Year	(3.15) Total Project Costs	(3.16) Projected Funding by Funding Sources						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2020-21	\$290,000	\$	\$	\$200,000	\$90,000	\$	\$	135 LMI
2021-22	\$245,000	\$	\$	\$155,000	\$90,000	\$	\$	135 LMI

\*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.

<b>(4.1) List all Members of Your Current Board of Directors:</b>	<b>Name</b>	<b>Telephone</b>	<b>(4.5) Displacement of Persons?</b> <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		
	Emmet Pierson, Jr.	816-517-8140		<b>(4.6) Describe your Agency's In-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves:</b>  <i>(It is required that you attach to this application a copy of your program in-take form.)</i>	Meets HUD and CDBG Requirements.	
	Barbara Henson	816-805-9199				
	Dr. Syrtiller Kabat	816-528-5998				
	Kathy Kelsey	816-721-7047				
	Tameka Bryant	816-922-0985				
<b>(4.2) Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Non-home-based office space <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Designated project manager <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input checked="" type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" 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					
	<b>(4.7) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b> <input type="checkbox"/> Make up the difference with other funds available to the agency <input checked="" 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					
<b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b>	<input checked="" 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					
	<b>(4.8) Minimum Amount of CDBG Funds Needed to Make This Project Work:</b>					
		<b>(4.8.1) Amount</b>	<b>(4.8.2) Why</b>			
		\$200,000	Economy of scale relative to total project costs to completion.			
<b>(4.9) Project Schedule - Your Agency Plans to Start Project Construction:</b> <input type="checkbox"/> Before end of 2019 <input checked="" type="checkbox"/> Within first half of 2021 <input type="checkbox"/> Within second half of 2020 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons						
<b>Notes:</b>						
<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>						
<b>(4.4) If CDBG-funded, the Property, Facility or Product will be:</b> <i>(Check all that apply)</i>	<input checked="" 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					

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.



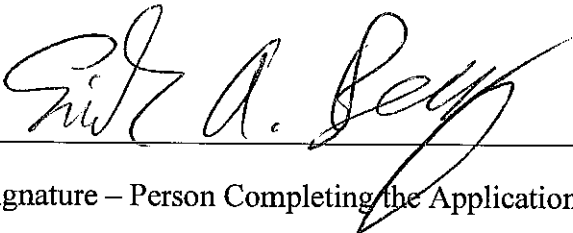
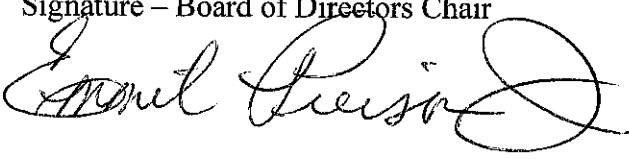
**SECTION V --- Certifications**

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.

The 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.

	<u>Executive Director</u>	<u>2/7/2020</u>
Signature – Person Completing the Application	Title	Date
_____	_____	_____
Signature – President/CEO of the Agency	Title	Date
_____	<u>Chairman</u>	<u>2/7/2020</u>
Signature – Board of Directors Chair	Title	Date
	<u>Chairman</u>	<u>2/7/20</u>

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**LEE'S SUMMIT  
MISSOURI**

**Community Development Block Grant Program  
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY  
PROGRAM YEAR 2020-2021**

PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 7, 2020  
-Development Services, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ \_\_\_\_\_

Environmental Review Completed \_\_\_\_\_

HUD ACT # \_\_\_\_\_

Fund Adjusted to \$ \_\_\_\_\_

Project Completed \_\_\_\_\_

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Housing Authority of the City of Lee's Summit	(1.17) Program/Project Title:	Development Specialist
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	111 SE Grand Avenue, Lee's Summit, MO 64063
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	111 SE Grand Avenue	(1.20) 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
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.21) The Plan for 2020-21 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
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	781244835	(1.22) Total Estimated Cost:	\$40,000
(1.7) Total Organization Annual Budget in FY2019-20:	\$5,476,987	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 300.</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____</li> <li>Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) zero (0) clients.</li> </ul>
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2019-20:	(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) \$5,476,987	(1.24) Client Eligibility by CDBG Definition: (Check one)	<input checked="" 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
(1.9) Executive Director:	Erik A. Berg	(1.25) CDBG Funding Request for 2020-21: (Please round to the nearest dollar)	\$40,000
(1.10) Telephone/Fax:	T:816-524-1100 F:816-524-1878	(1.26) In 2020, 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
(1.11) Email Address:	erik.berg@leessummithousingauthority.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Development Specialist
(1.13) Total Annual Federal Grants in FY2019-20:	\$4,996,507	NA-10 Housing Needs Assessment – 25= 4 CFR 91.205 (a,b,c)	
(1.14) Program Administrator/ Key Contact Person:	Erik A. Berg		
(1.15) Telephone/Fax:	T:816-524-1100 F:816-524-1878		
(1.16) Email Address:	erik.berg@leessummithousingauthority.org		

<p><b>(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:</b></p> <p><b>(150 words or less)</b></p>	<p>Per the 2015-2019 Consolidated Plan, 25.5% of the 33,222 households in Lee's Summit are low to moderate income, and 13% of all households in the city spend more than 50% of gross household income on rent/mortgage plus utilities – the definition of rent- or house-burdened. Housing cost burden is serious for extremely low income (ELI) households, with 69% of ELI households in the city spending more than 50% of their gross income on housing.</p> <p>LSHA Development Specialist – Provide professional administrative and technical work in support of current and future LSHA affordable housing projects. The Development Specialist shall assist the Executive Director with establishing, promoting and ensuring effective relationships with community stakeholders, public agencies, financial and equity funding entities, construction and development organizations and other entities critical to the successful completion of affordable housing development initiatives.</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><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></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><b>(2.4) Program Objectives:</b></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><b>(2.2) Detailed Program Description:</b></p> <p><i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>Harvard University's Joint Center for Housing Studies released it's 2017 State of the Nation's Housing showing that for the nation's low income households, 70 percent faced severe housing cost burdens. According to the 2015-2019 Consolidated Plan for the City of Lee's Summit, 25.5% of the 33,222 households in this city are low to moderate income, 13% of whom spend more than 50% of their gross household income on housing (rent/mortgage and utilities). The 2019 National League of Cities Report on the Kansas City Metropolitan Area's First Suburbs supported these conclusions for Lee's Summit, finding rents rising over \$800 and approaching \$1,000 per month. LSHA's own 5-Year Strategic Plan of 2017 found a need in Lee's Summit of at least 100 new units of affordable housing by 2023 and a total of 400 new affordable units by 2027.</p> <p>Need: Affordable Housing Development.</p>	<p><b>(2.5) Program Outcomes:</b></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><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b></p> <p><i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input type="checkbox"/> 1 (Highest)</p> <p><input checked="" type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></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><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b></p> <p><i>(More details needed next page)</i></p>	<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></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>In 2019 the City made a CDBG Grant of \$36,000 to LSHA to support the Development Specialist position. Lower than originally requested, LSHA adjusted the pay and ultimately made this a Contract position so that 100% of the position pay would come from the grant. LSHA has hired a highly qualified individual whom is primarily motivated by passion for the work. We are requesting \$40,000 to bring this individual's pay in line with the quality of work they have shown, and LSHA expects to devote some of our own resources to support their continued work with us.</p>
<p><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p>	<p>In Lee's Summit, 47 percent of renters pay more than 30 percent of their income on housing – the definition of housing cost burden. LSHA's 5-Year Strategic Plan showed a need for 100 new units of affordable housing by 2023, housing that is not being constructed by private developers in Lee's Summit. The Development Specialist is working with LSHA's Executive Director to plan new affordable housing development as well as the rehabilitation of existing affordable properties. The Development Specialist is also working to build support for affordable housing projects and policies with various community stakeholders. If a grant is not made supporting the position for another year, the efforts of the Development Specialist shall be negatively impacted.</p>		

<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Additional affordable housing units are needed to serve the large population of low-income renters already in Lee's Summit who cannot afford the rising rental costs in this city.</p> <p>Develop 100-300 new Affordable Housing Units.</p> <p>Support the introduction of city policies that would encourage affordable housing development, including Incentive-Based programs and inclusionary zoning policies.</p>
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### 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 2020-21 Program Budget

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and in-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries	2	\$40,000	\$	\$	\$40,000	\$		\$		\$
Fringe Benefits		\$	\$4,000	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		\$40,000	\$4,000	\$	\$	\$		\$		\$
<i>Notes</i>		LSHA shall provide office space, computer, telephone, office supplies and all necessary travel expenses.								

If this program is a continuing program from prior year(s), please complete the following table.

#### FY 2019-20 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)
\$	\$	\$	\$	\$	\$	\$	\$
<i>Notes</i>							

1. 12-month expenses between July 1, 2018 and June 30, 2019.

#### Projections of Program Expenses and Funding Needs for FY 2020-21 through 2021-22\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2020-21	\$36,000	\$4,000	\$	\$36,000	\$	\$	\$	100-300
2021-22	\$40,000	\$4,000	\$	\$40,000	\$	\$	\$	100-300

\*Do not provide projections for other programs 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 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><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p>	<p><b>(4.1.2) Telephone</b></p>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Meets HUD and CDBG Requirements</p>																							
	Emmet Pierson, Jr	816-517-8140																									
	Barbara Henson	816-805-9199																									
	Dr. Syrtiller Kabat	816-528-5998																									
	Kathy Kelsey	816-721-7047																									
	Tameka Bryant	816-922-0985																									
<p><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)</b></p>	<input checked="" type="checkbox"/> Non-home-based office space <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Full-time program manager/administrator <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input checked="" type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <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><b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></p> <input type="checkbox"/> Withdraw application for funding this year <input checked="" type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount	<table border="1"> <tr> <td><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></td> <td><b>(4.6.1) Amount</b></td> <td><b>(4.6.2) Why</b></td> </tr> <tr> <td></td> <td>\$40,000</td> <td>No other resources available.</td> </tr> </table>		<b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b>	<b>(4.6.1) Amount</b>	<b>(4.6.2) Why</b>		\$40,000	No other resources available.																
	<b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b>	<b>(4.6.1) Amount</b>				<b>(4.6.2) Why</b>																					
		\$40,000				No other resources available.																					
	<p><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p> <table border="1"> <tr> <td><b>(4.7.1) Fee Type</b></td> <td><b>(4.7.2) Amount</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> <input type="checkbox"/> No fee for participating in this program					<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>							<table border="1"> <tr> <td><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></td> <td><b>(4.8.1) Unit Type</b></td> <td><b>(4.8.2) Rate Per Unit</b></td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="3">Notes:</td> </tr> </table>		<b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b>	<b>(4.8.1) Unit Type</b>	<b>(4.8.2) Rate Per Unit</b>			\$			\$	Notes:		
						<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>																				
	<b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b>	<b>(4.8.1) Unit Type</b>				<b>(4.8.2) Rate Per Unit</b>																					
						\$																					
		\$																									
Notes:																											
<p><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></p> <input checked="" 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		<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p> <input type="checkbox"/> All expended before the end of 2019 <input checked="" type="checkbox"/> All expended by the end of June 2021, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended																									



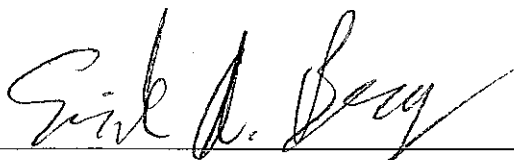
**SECTION V --- Certifications**

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

2/7/2020

Signature – Person Completing the Application

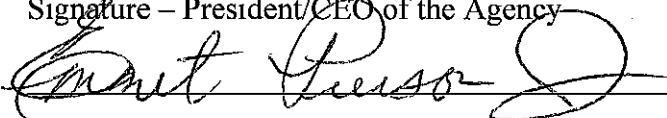
Title

Date

Signature – President/CEO of the Agency

Title

Date



Chairman

2/7/2020

Signature – Board of Directors Chair/President

Title

Date

### ##

