

**Combined Public Service/Administration Applications
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LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR CITY PROGRAMS
(Ongoing City Programs Only)
PROGRAM YEAR 2026-2027

SECTION I --- Program

Program Name: CDBG Administration Operating Department: Development Services
CDBG Request Amount: \$77,001.00 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: Administration cost associated with administering the CDBG 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

Matthew Gounce Grants Specialist 3/2/2026

Signature – Person Completing the Application Title Date

Jessica Vandivort de Montiel Assistant Director of Grants and Administration 3/4/2026

Signature – Person Authorizing the Application Title Date

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LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2026-27**

All applications must be submitted by 5:00 p.m. February 6, 2026. Applications can be submitted electronically to Matthew.Younce@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Coldwater of Lee's Summit	Program/Project Title:	Coldwater Weekend Food Packs
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Program Service Address:	Meadow Lane Elementary 1421 NE Independence Ave. Lee's Summit, MO 64086 and other schools
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	838 SW Blue Parkway	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2026-27 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS/UEI #:	UQEHFZL55AY5	Total Estimated Cost:	\$136,002
Total Organization Annual Budget in FY 2025-26:	\$609,710	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>438</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>310.5</u>. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>390</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2025-26:	<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> \$9625.35	CDBG Funding Request for 2026-27	\$15,000
Executive Director:	Sarah Knight	In 2026, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T:816-286-9235 E:director@coldwater.me		
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2025-26:	\$ 9625.35		
Program Administrator/ Key Contact Person:	Sarah Knight		
Phone/ E-Mail:	T:816-286-9235 E:director@coldwater.me		
Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

	If Expected, are Other Funding Sources Secured?	Yes	X	No	<input type="checkbox"/>
Brief Description of the Program/Project and the Impact the Requested CDBG funds will have: (150 words or less)	Coldwater has partnered with the Lee's Summit School District to provide weekend food packs for chronically hungry students at all grade levels during the 2025-2026 school year. During the past school year, we served 322 students and now serve 407 students. We anticipate expanding to at least 438 students during the 2026-2027 school year. Teachers and counselors identify the students for this program, and Coldwater purchases products for volunteers to assemble the food packs distributed weekly for 32 weeks. Research shows that children who received weekend food packs perform better academically and behaviorally in school and have fewer absences and tardies. The weekend food packs also provide nutritional food choices, benefiting the students' overall health. Studies in the past five years have shown that older food-insecure students have greater odds of having mental health problems, including depression and anxiety or panic disorder.				

SECTION II --- Program Description and Eligibility Information

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

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

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2025-26	\$9625.35	Weekend Food Packs	Yes, 34 students received foodpacks with CDBG Funds
2024-25	\$5194.20	Weekend Food Packs	Yes, 20.8 students received foodpacks with CDBG Funds
2023-24	\$5,466	BackSnacks/Weekend Food Packs	Yes, 22 students received foodpacks with CDBG Funds
2022-23	\$8,000	BackSnacks/Weekend Food Packs	Yes, 32 students received foodpacks with CDBG Funds

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

SECTION III --- Program Budget

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

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

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

FY 2026-27 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$34,100	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$600	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Rent/Utilities		\$30,900	\$	\$	\$	\$		\$		\$
Insurance		\$900	\$	\$	\$	\$		\$		\$
Legal Services		\$400	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
OTHERS										
Meals and Nutrition		\$69,100	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$136,000	\$23,400	\$38,000	\$15,000	\$		\$35,600	Granted	\$24,000
Notes										



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>The principals and counselors have worked together with the district to determine the following criteria in selecting the students:</p> <ol style="list-style-type: none"> 1. Received free or reduced school meals 2. Observed need, crisis situation or in need of financial assistance with school activities. 3. Referral from parent, teacher or admin. <p>The school district has strict policies to determine eligibility from students to receive free or reduced lunches.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>																											
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input type="checkbox"/> Full-time secretarial/clerical person</p> <p><input type="checkbox"/> Certified financial/accounting person on staff</p> <p><input type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</td> <td style="width: 20%;">Amount</td> <td style="width: 20%;">Why</td> </tr> <tr> <td></td> <td style="text-align: center;">\$9,625</td> <td style="text-align: center;">To maintain the minimum number of students served</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Fee Schedule for this Program, if Fees are Charged for this Service:</td> <td style="width: 20%;">Fee Type</td> <td style="width: 20%;">Amount</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> No fee for participating in this program</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</td> <td style="width: 20%;">Unit Type</td> <td style="width: 20%;">Rate Per Unit</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3">Notes:</td> </tr> </table>	Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	Amount	Why		\$9,625	To maintain the minimum number of students served	Fee Schedule for this Program, if Fees are Charged for this Service:	Fee Type	Amount				<input checked="" type="checkbox"/> No fee for participating in this program			If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	Unit Type	Rate Per Unit			\$			\$	Notes:		
Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	Amount	Why																											
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		\$																											
		\$																											
Notes:																													
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p> <p><input checked="" type="checkbox"/> All expended before the end of 2026</p> <p><input type="checkbox"/> All expended by the end of June 2027, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2027, 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

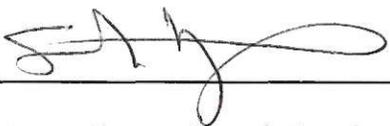
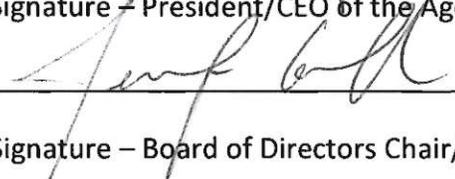
Please print clearly and make sure all blanks are completed unless instructed otherwise.

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.

I certify that my agency will comply with all applicable federal laws, regulations, and executive orders governing the use of CDBG funds, including the Housing and Community Development Act of 1974 and 24 CFR in its entirety. This agency will cooperate with the City and HUD in any monitoring, audits, or reviews, and agrees to defend the City in any internal agency review or proceeding, as well as in court, indemnify and hold harmless the City, its officials, employees, and agents from any concerns or instances of review of the grant or the subrecipients activities policies or corporate behavior as may be called into question under executive orders 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, 14218, Ending Taxpayer Subsidization of Open Borders, and any other executive order signed by the President since January 20, 2025, and any claims or liabilities arising from my agency's failure to comply with such laws, regulations, or requirements.

 _____	<u>Executive Director</u> _____	<u>1-28-2026</u> _____
Signature – Person Completing the Application	Title	Date
 _____	<u>Executive Director</u> _____	<u>1-28-2026</u> _____
Signature – President/CEO of the Agency	Title	Date
 _____	<u>President of Board</u> _____	<u>1-28-2026</u> _____
Signature – Board of Directors Chair/President	Title	Date





Lee's Summit R-7 School District
702 SE 291 Highway
Lee's Summit, MO 64063
Phone: (816) 986-2200
Fax: (816) 986-2215

Office of Nutrition Services

February 5, 2026

To Whom It May Concern:

The Lee's Summit R7 Nutrition Services Department certifies that students attending Meadow Lane Elementary and receive backpacks from the BackSnack Program are qualified and participating in the National School Breakfast and Lunch Program for 2025-2026. We also will supply the income guideline chart and a copy of the current Free and Reduced application to the Director of Coldwater. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Lori Danella".

Lori Danella, MSML, SNS
Director of Nutrition Services
Lee's Summit R-7
816-986-2206

2025-26 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: <https://myschoolapps.com>

RETURN TO Lee's Summit R-7 Nutrition Services

702 SE 291 Hwy., Lee's Summit, MO 64063

Date Received by LEA (LEA use only): _____

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Building Name	Grade	Foster Child	Homeless, Migrant, Runaway
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4. **CASE NUMBER (NOT EBT NUMBER):** _____ Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is not income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?					Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?							
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly	Weekly		Every 2 Weeks	2x Month	Monthly					
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>															
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>															
	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>															

Total Household Members (Children and Adults): **Last four numbers of Social Security Number (SSN) of primary wage earner or other adult household member (If Applicable):** Check if no Social Security Number

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child income: \$

How often received?					
Weekly	Every 2 Weeks	2x Month	Monthly	Annual	
<input type="checkbox"/>					

Please see back of application for list of income sources.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO: Lee's Summit R-7 Nutrition Services, 702 SE 291 Hwy., Lee's Summit, MO 64063

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if Available)	City	State Zip Daytime Phone and Email (optional)

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: _____ Date withdrawn: _____

Error Prone Application: Yes No (Optional - See FAQs) Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For Verification purposes only): _____ Date: _____

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		
Earning from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits 	<ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Examples of Income for Children
<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in LSR7. The application must be filled out completely to determine the eligibility your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Carrie Williams, Carrie.williams@lsr7.net or 816-986-2204.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN, INFANTS, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending LSR7 regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Building name/Grade. If child is a student, list building name and grade.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete and income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)**
- Temporary Assistance for Needy Families (TANF)**
- The Food Distribution Program on Indian Reservations (FDPIR)**

If no one in your household participates in any of the above listed programs:

- Check "No" in **STEP 2** and go to **STEP 3**.

If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636.
- Go to **STEP 4**.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

How do I report my income?

- Use the lists titled "**Sources of Income for Adults**" & "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

(Information follows on the reverse side.)

3.A. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

1) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in STEP 1.

2) List earnings from work. List all total gross income from work in the "Earnings from Work" field on the application. total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

3) List income from public assistance/child support/alimony. List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income. List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

5) List total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B. LIST INCOME EARNED BY CHILDREN

List all income earned or received by children. List the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed Application to:
Lee's Summit Nutrition Services
702 SE 292 Highway
Lee's Summit, Mo 64063

OPTIONAL

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2025**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$20,345	\$1,696	\$392	\$28,953	\$2,413	\$557
2	27,495	2,292	529	39,128	3,261	753
3	34,645	2,888	667	49,303	4,109	949
4	41,795	3,483	804	59,478	4,957	1,144
5	48,945	4,079	942	69,653	5,805	1,340
6	56,095	4,675	1,079	79,828	6,653	1,536
7	63,245	5,271	1,217	90,003	7,501	1,731
8	70,395	5,867	1,354	100,178	8,349	1,927
Each add'l member	+7,150	+596	+138	+10,175	+848	+196

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers. (Information follows on the reverse side.)

Foster Child whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Whether placed by the State child welfare agency or a court, in order for a child to be considered categorically eligible for free meals, the State must retain legal custody of the child. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Child for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
<input checked="" type="checkbox"/>	Activity Type and Eligibility Determination Chart – One Copy for Each Funding Request
<input checked="" type="checkbox"/>	Defining the Need Worksheet – One Copy for Each Funding Request
<input checked="" type="checkbox"/>	Meeting the Lee's Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
<input checked="" type="checkbox"/>	Completed Application Form with all Blanks Filled Out and Signed
<input checked="" type="checkbox"/>	Documentation of 501(c) Status (Typically the Article of Incorporation)
<input checked="" type="checkbox"/>	A Copy of Your Agency's In-take Form (for the Program CDBG Funding is Sought)
<input checked="" type="checkbox"/>	Completed Registration at SAM.GOV and Have an Active UEI #
<input type="checkbox"/>	(Optional but Recommended) Product/Project Specifications and/or Design

If you have any questions, please contact Development Services at 816-969-1247



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2026-27

Agency Name Coldwater of Lee's Summit

Name of the Program/Project Coldwater Weekend Food Packs

MEETING THE LEE'S SUMMIT CDBG 2025-2029 CONSOLIDATED PLAN GOALS CHECKLIST

Table with 3 columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Affordable Housing, Homeless, Non-Housing Community Development, Non-Homeless Special Needs, and Non-Homeless Special Need, Non-Housing Community Development, Non-Affordable Housing, Non-Homeless. Includes a final row for 'If None Above Applies...'.

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

City of Lee's Summit CDBG Program

Activity and Eligibility Determination

2026-27

Agency Name Coldwater of Lee's Summit

Name of the Program/Project Coldwater Weekend Food Packs

Important Note: Lee's Summit CDBG grant program is designed to benefit Lee's Summit residents. If your agency is not located in Lee's Summit or if your agency does not provide the service out of a location in Lee's Summit, it can still be an eligible subrecipient if the service cost to be covered with Lee's Summit CDBG grant will benefit Lee's Summit residents.

DEFINING THE NEED WORKSHEET

Agency Name Caldwater of LS Program/Project Weekend Food Packs

City of Lee's Summit, Mo. Community Development Block Grant Program

Please complete this chart before you start completing the Application Form. For ease of use and better print result, this worksheet should be set to a page size of 11"x17". This form is available on City's website at <https://cityofls.net/development-services/community-development-block-grant> or may be obtained by emailing Matthew.Younce@cityofls.net.

[2] CAUSES OF THE NEED?

PROVIDE KNOWN/POSSIBLE CAUSES:

Unemployment, low-income, single-parent homes
medical expenses

[3] WHAT IS THE MAGNITUDE OF THE NEED IN LEE'S SUMMIT?

PROVIDE QUANTITATIVE MEASURE:

Lee's Summit now has 4,313 students out of 17,373 on free/reduced lunches. We serve nearly 30% of those students with weekend food packs.

[4] WHOSE NEED IS IT?

IDENTIFY ALL WHO HAS THIS NEED (Do not limit to those you serve):

Chronically hungry children of all races, ethnicities and gender are affected.

[5] ARE THEY ELIGIBLE UNDER CDBG?

Eligible persons include:

Low-to-moderate income persons
Limited Clientele (homeless, seniors, disabled adults, abused children, battered spouses, illiterate, person living with HIV/AIDS, migrant farm workers)
All in the service area at least 51% of whom are LMI persons (determined by the Census Bureau or thru your own survey)

YES

NO

[6] THOSE IN NEED YOUR AGENCY SERVES ARE PRIMARILY RESIDING (check one)

In Lee's Summit
In Jackson/Cass Counties
KC Metro

[7] WHAT PROGRAM YOUR AGENCY OFFERS TO ADDRESS THIS PARTICULAR NEED?

NAME AND BRIEFLY DESCRIBE IT:

Caldwater provides weekend food packs to chronically hungry students in 19 schools/programs in LSR-7.

[8] IN WHAT SPECIFIC FORM(S)?

(Examples: Cash payment, free counseling, improving access to facility, discounted rent, low-cost meals, eliminating substandard living conditions, etc.)

NAME IT/THEM: Food

[9] HOW HAS IT BEEN/WILL IT BE FINANCED?

IDENTIFY ALL KNOWN/POSSIBLE FUNDING SOURCES:

Funding will be through grants, donations, and fundraisers.

[10] OTHER RESOURCES TO BE LEVERAGED?

IDENTIFY ALL GRANTS, CASH, CASH DONATION, IN-KIND DONATION, VOLUNTEERS, ETC:

Grants, Individual and Religious donations, in-kind donations and volunteers

[11] WHY IS CDBG FUNDING NEEDED?

- To close funding gap
- To free up an existing source
- To expand client base
- To match another funding
- As a contingency
- As a reimbursement for funds already expended
- Other

START HERE AND FOLLOW THE NUMBERS

[1] THE NEED

(Focus on Clients' need, not Agency's. If you define it as agency need, explain how it is related to clients' need)

DEFINE IT:

[12] WHAT OTHER AGENCIES OR PROGRAMS ADDRESS/WILL ADDRESS THE NEED?

IDENTIFY TO THE BEST OF YOUR KNOWLEDGE ALL THOSE THAT ARE AVAILABLE TO YOUR CLIENT BASE:

To our knowledge, we are the only agency providing weekend food packs to students of all ages.

[13] BASED ON THE ABOVE ANALYSIS OF THE NEED AND AVAILABLE PROGRAMS, HOW MUCH CDBG FUNDS DOES YOUR PROGRAM REASONABLY NEED FOR THE UPCOMING PROGRAM YEAR?

AMOUNT \$: 15,000

[15] WHAT ARE THE POSSIBLE CONSEQUENCES IF NO CDBG FUNDS ARE GRANTED FOR THE UPCOMING PROGRAM YEAR?

LIST THOSE IN THE ORDER OF LEVELS OF SERIOUSNESS IN YOUR JUDGEMENT:

We would need to reduce the number of students served for the 2026-27 school year. Students who are hungry at school learn less and struggle to behave

[14] HOW IS SUCCESS MEASURED AND IN WHAT WAY IS THE LEVEL OF FUNDING IMPACTING THE LEVEL OF SUCCESS?

DESCRIBE HOW: Success is measured by # of students served and not having to turn away students

[16] YOUR AGENCY'S TOTAL ANNUAL BUDGET? (Do not include CDBG funds from Lee's Summit)

AMOUNT \$: 594,710

[17] YOUR AGENCY'S ANTICIPATED TOTAL EXPENSES FOR THE NEXT PROGRAM YEAR TO BE COVERED BY FEDERAL FUNDS? (include all)

AMOUNT \$: 15,000

[18] IS YOUR AGENCY GOVERNED BY A BOARD OF DIRECTORS?

YES

NO

[19] DOES YOUR AGENCY MEET OMB CIRCULAR A-110 STANDARDS?

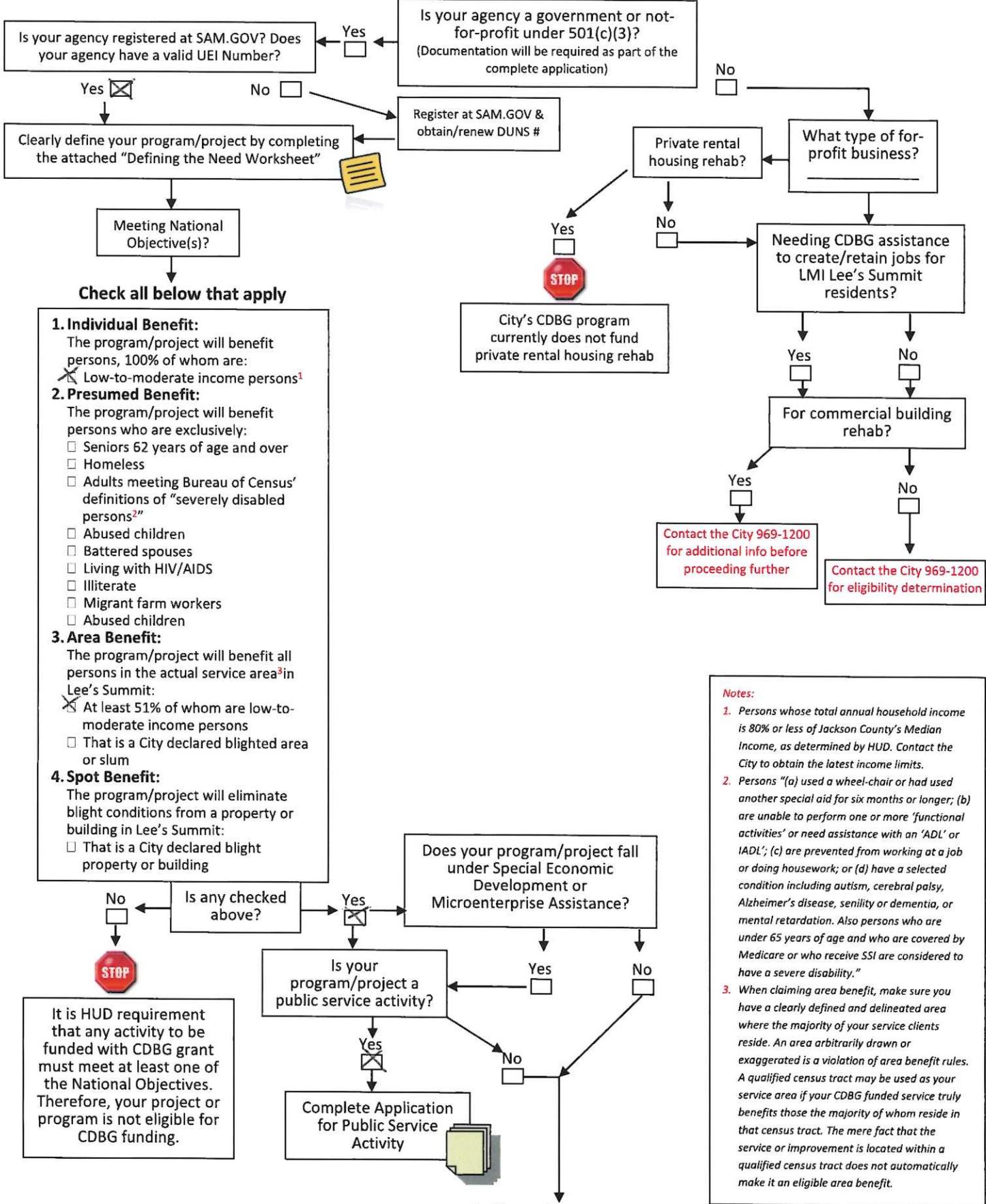
YES

NO

**City of Lee's Summit CDBG Program
2026-27**
Activity Type and Eligibility
Determination Chart

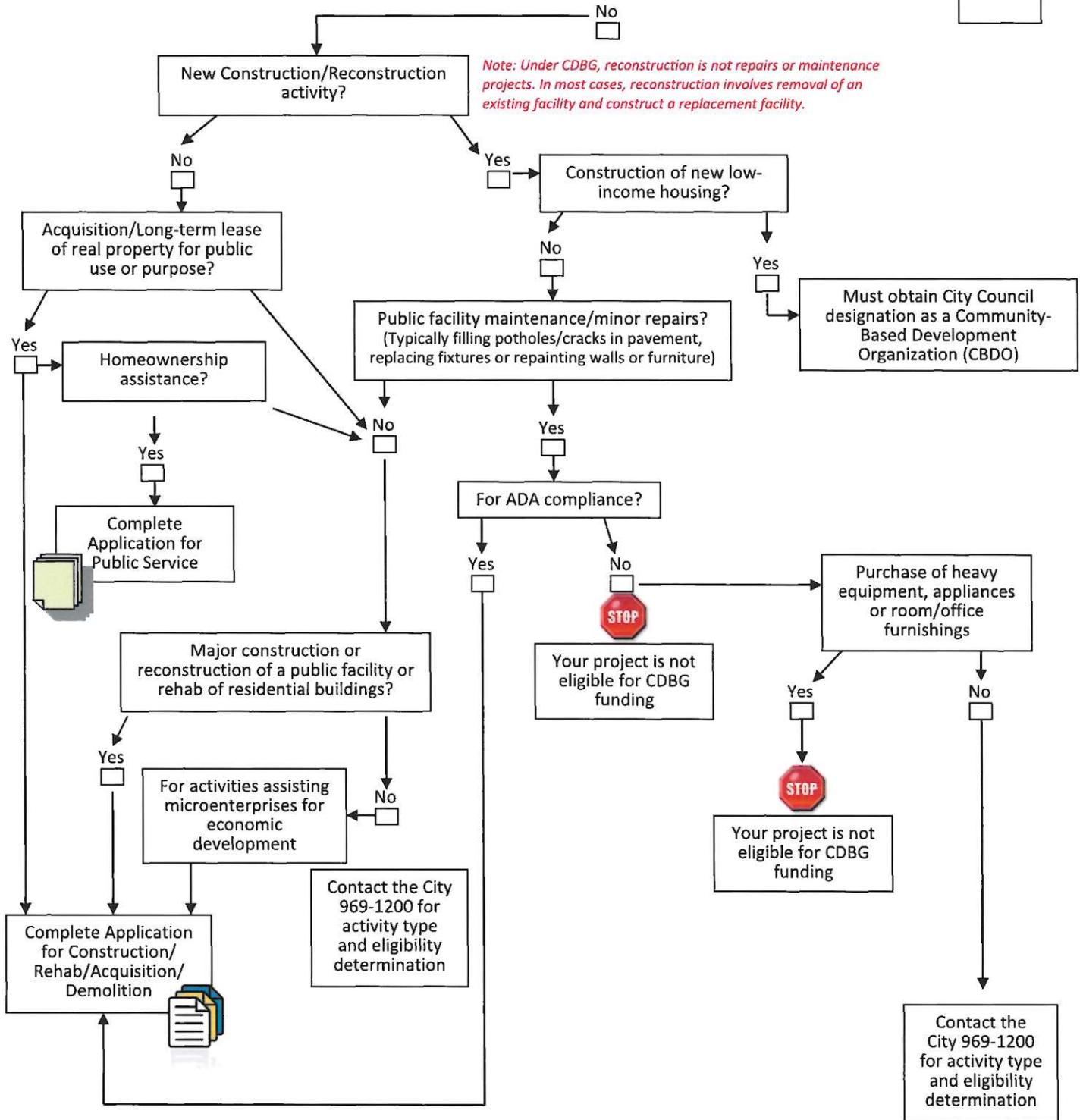
START HERE AND CHECK APPROPRIATE BOXES

Agency Name Coldwater of Lee's Summit



Notes:

- Persons whose total annual household income is 80% or less of Jackson County's Median Income, as determined by HUD. Contact the City to obtain the latest income limits.
- Persons "(a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more 'functional activities' or need assistance with an 'ADL' or 'IADL'; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation. Also persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability."
- When claiming area benefit, make sure you have a clearly defined and delineated area where the majority of your service clients reside. An area arbitrarily drawn or exaggerated is a violation of area benefit rules. A qualified census tract may be used as your service area if your CDBG funded service truly benefits those the majority of whom reside in that census tract. The mere fact that the service or improvement is located within a qualified census tract does not automatically make it an eligible area benefit.



If you have question on if your program/project would fit, please contact the City's Development Services at 969-1247 or email Matthew.Younce@cityofjls.net.

OGDEN UT 84201-0038

In reply refer to: 0441727801
Jan. 07, 2010 LTR 4168C E0
13-4306668 000000 00
00059551
BODC: TE

COLDWATER OF LEES SUMMIT
% CHUCK ARNEY
501 NE MISSOURI RD
LEES SUMMIT MO 64086-5834

Employer Identification Number: 13-4306668
Person to Contact: Heather Freeman
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 28, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 2006.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Rita A. Leete
Accounts Management II

State of Missouri



Robin Carnahan
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

*Coldwater of Lee's Summit
N00684690*

Formerly,

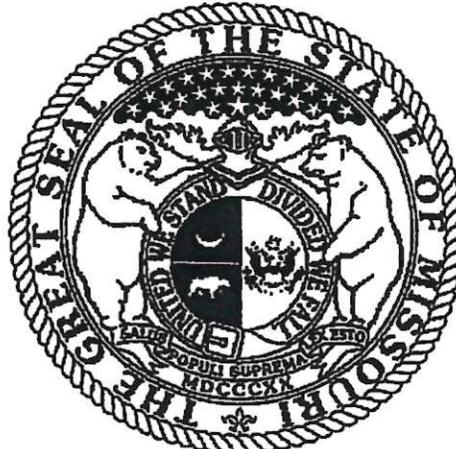
Neighbors 4 Neighbors

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this
26th day of October, 2009.

Robin Carnahan

Secretary of State





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
<input checked="" type="checkbox"/>	Activity Type and Eligibility Determination Chart – One Copy for Each Funding Request
<input checked="" type="checkbox"/>	Defining the Need Worksheet – One Copy for Each Funding Request
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<input checked="" type="checkbox"/>	Completed Application Form with all Blanks Filled Out and Signed
<input checked="" type="checkbox"/>	Documentation of 501(c) Status (Typically the Article of Incorporation)
<input type="checkbox"/>	A Copy of Your Agency's In-take Form (for the Program CDBG Funding is Sought)
<input checked="" type="checkbox"/>	Completed Registration at SAM.GOV and Have an Active UEI #
<input type="checkbox"/>	(Optional but Recommended) Product/Project Specifications and/or Design

If you have any questions, please contact Development Services at 816-969-1247

City of Lee's Summit CDBG Program

Activity and Eligibility Determination

2026-27

Agency Name Hope House, Inc.

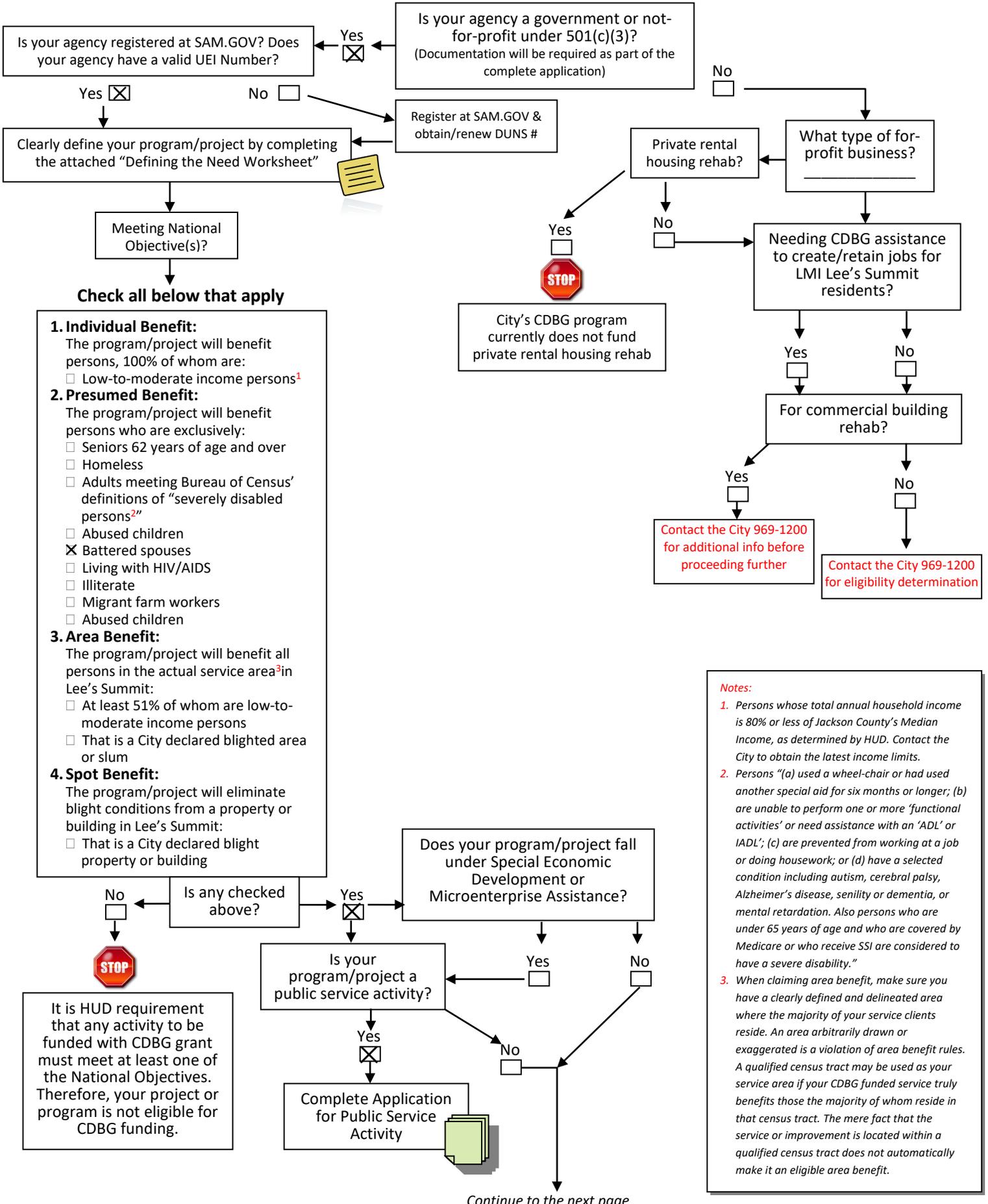
Name of the Program/Project Hope House's Court Advocacy Program

Important Note: Lee's Summit CDBG grant program is designed to benefit Lee's Summit residents. If your agency is not located in Lee's Summit or if your agency does not provide the service out of a location in Lee's Summit, it can still be an eligible subrecipient if the service cost to be covered with Lee's Summit CDBG grant will benefit Lee's Summit residents.

**City of Lee's Summit CDBG Program
2026-27
Activity Type and Eligibility
Determination Chart**

START HERE AND CHECK APPROPRIATE BOXES

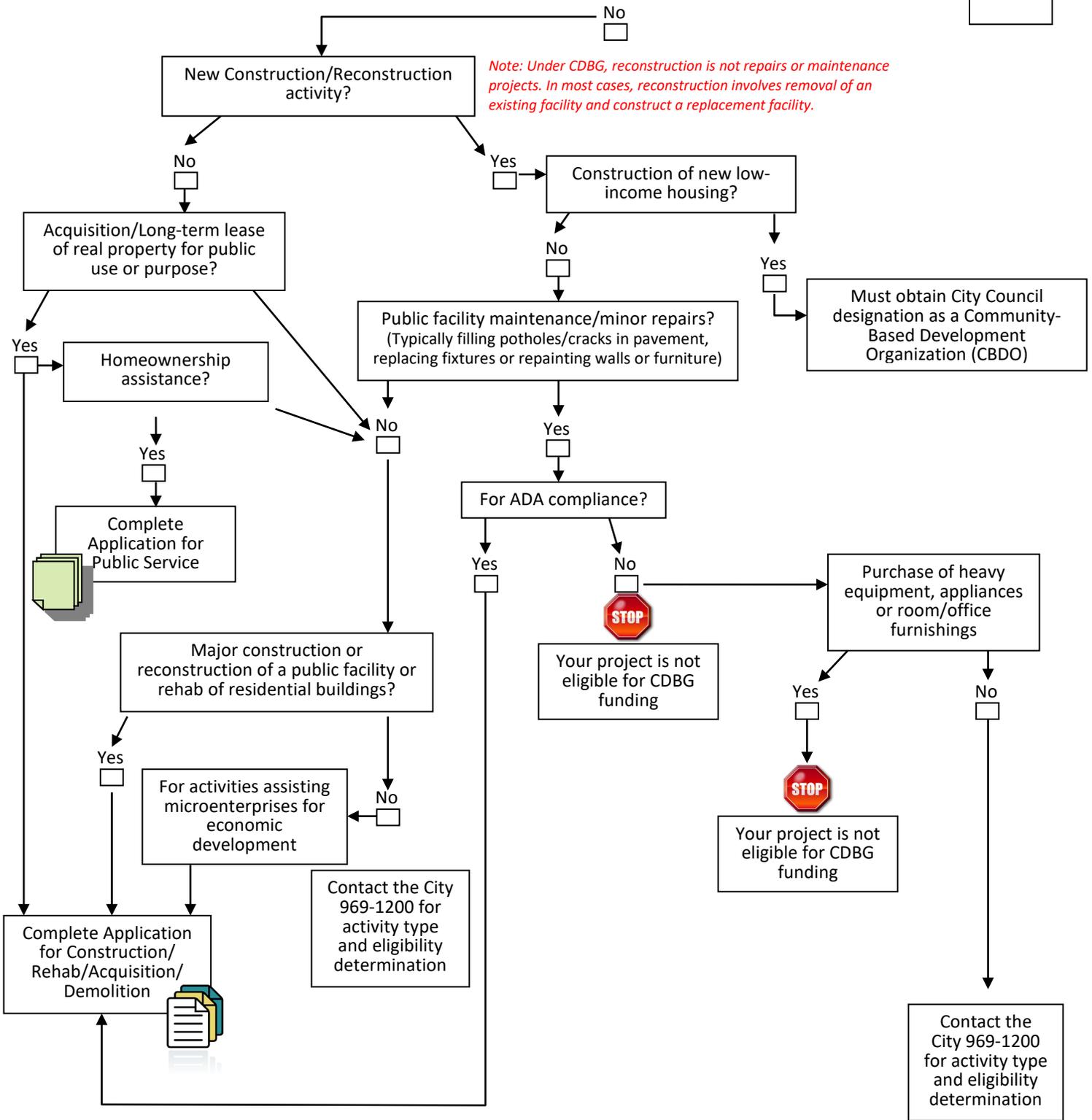
Agency Name Hope House, Inc.



Notes:

- Persons whose total annual household income is 80% or less of Jackson County's Median Income, as determined by HUD. Contact the City to obtain the latest income limits.
- Persons "(a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more 'functional activities' or need assistance with an 'ADL' or 'IADL'; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation. Also persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability."
- When claiming area benefit, make sure you have a clearly defined and delineated area where the majority of your service clients reside. An area arbitrarily drawn or exaggerated is a violation of area benefit rules. A qualified census tract may be used as your service area if your CDBG funded service truly benefits those the majority of whom reside in that census tract. The mere fact that the service or improvement is located within a qualified census tract does not automatically make it an eligible area benefit.

Note: Under CDBG, reconstruction is not repairs or maintenance projects. In most cases, reconstruction involves removal of an existing facility and construct a replacement facility.



If you have question on if your program/project would fit, please contact the City's Development Services at 969-1247 or email Matthew.Younce@cityofsl.net.

DEFINING THE NEED WORKSHEET

Agency Name Hope House Program/Project Court Advocacy

City of Lee's Summit, Mo. Community Development Block Grant Program

Please complete this chart before you start completing the Application Form. For ease of use and better print result, this worksheet should be set to a page size of 11"x17". This form is available on City's website at <https://cityofls.net/development-services/community-development-block-grant> or may be obtained by emailing Matthew.Younce@cityofls.net.

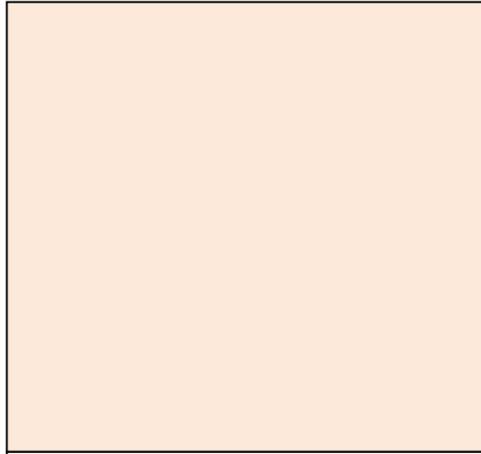
[2] CAUSES OF THE NEED?
PROVIDE KNOWN/POSSIBLE CAUSES:
 In its most recently published Domestic Violence Counts Survey, collected in 2024, NNEDV reported that nationally 79,088 survivors of domestic violence (DV) received services in just one day. Unfortunately, 14,095 survivors were unable to find the help they requested during that same 24-hour time period. Moreover, according to the Missouri State Highway Patrol's Domestic Violence Crime Data, between 2021 and 2023, Jackson County averaged over 7,600 domestic violence incidents annually, the highest of any other county in the state.

[3] WHAT IS THE MAGNITUDE OF THE NEED IN LEE'S SUMMIT?
PROVIDE QUANTITATIVE MEASURE:
 In 2025, Hope House's Lee's Summit Court Advocate provided services to 754 individuals, 236 of whom lived in Lee's Summit. In the same time period, Lee's Summit police officers administered 276 lethality assessments, the second highest of all cities that Hope House serves. Additionally, 63% of those assessments administered showed the victims at high risk for lethality, demonstrating the severity of the need.

[4] WHOSE NEED IS IT?
IDENTIFY ALL WHO HAS THIS NEED (Do not limit to those you serve):
 Victims of crimes related to domestic violence.

[5] ARE THEY ELIGIBLE UNDER CDBG? YES NO
 Eligible persons include:
 Low-to-moderate income persons
 Limited Clientele (homeless, seniors, disabled adults, abused children, battered spouses, illiterate, person living with HIV/AIDS, migrant farm workers)
 All in the service area at least 51% of whom are LMI persons (determined by the Census Bureau or thru your own survey)

[6] THOSE IN NEED YOUR AGENCY SERVES ARE PRIMARILY RESIDING (check one)
 In Lee's Summit
 In Jackson/Cass Counties
 KC Metro



START HERE AND FOLLOW THE NUMBERS

[1] THE NEED
 (Focus on Clients' need, not Agency's. If you define it as agency need, explain how it is related to clients' need)
DEFINE IT:
 The Court Advocacy Program assists with over 5,000 municipal domestic violence docket entries and 2,100 civil order of protection dockets each year. Without the assistance of Hope House's Court Advocates, the victims involved in these cases would be left to navigate the complexity of the municipal and civil court systems on their own. Victims also need crisis intervention, connections to community resources, and support throughout the legal process, all of which Hope House Court Advocates are uniquely positioned to provide.

[7] WHAT PROGRAM YOUR AGENCY OFFERS TO ADDRESS THIS PARTICULAR NEED?
NAME AND BRIEFLY DESCRIBE IT:
 Hope House's Court Advocacy Program has built a coordinated community response to domestic violence, put a spotlight on offender behavior and accountability, and provided support, resources, and referrals to thousands of domestic violence survivors. Hope House's Court Advocates remain involved with survivors through every facet of the court process, providing the consistency needed by survivors as they navigate the confusing and often times daunting and lengthy legal system.

[8] IN WHAT SPECIFIC FORM(S)?
 (Examples: Cash payment, free counseling, improving access to facility, discounted rent, low-cost meals, eliminating substandard living conditions, etc.)
NAME IT/THEM:
 Hope House's Court Advocacy Program offers five full-time Advocates 24 hours a day, 7 days a week through an on-call rotation and provides guidance and support in area courts, including Order of Protection Court. Advocates work directly with detectives in four local police departments and have access to domestic violence police reports in multiple municipal court jurisdictions. Finally, Hope House provides trainings to support and promote awareness of domestic violence among program partners.

[9] HOW HAS IT BEEN/WILL IT BE FINANCED?
IDENTIFY ALL KNOWN/POSSIBLE FUNDING SOURCES:
 Hope House is the current recipient of funding from the Office on Violence Against Women, Victims of Crime Act, State Services to Victims Fund, and City of Independence Court Grant. Hope House continues to seek additional funding.

[10] OTHER RESOURCES TO BE LEVERAGED?
IDENTIFY ALL GRANTS, CASH, CASH DONATION, IN-KIND DONATION, VOLUNTEERS, ETC.:
 Court Fees

[11] WHY IS CDBG FUNDING NEEDED?
 To close funding gap
 To free up an existing source
 To expand client base
 To match another funding
 As a contingency
 As a reimbursement for funds already expended
 Other _____

[12] WHAT OTHER AGENCIES OR PROGRAMS ADDRESS/WILL ADDRESS THE NEED?
IDENTIFY TO THE BEST OF YOUR KNOWLEDGE ALL THOSE THAT ARE AVAILABLE TO YOUR CLIENT BASE:
 There are no other agencies or programs in the service area that provide services that address this need.

[13] BASED ON THE ABOVE ANALYSIS OF THE NEED AND AVAILABLE PROGRAMS, HOW MUCH CDBG FUNDS DOES YOUR PROGRAM REASONABLY NEED FOR THE UPCOMING PROGRAM YEAR?
 AMOUNT \$: \$20,000.00

[14] HOW IS SUCCESS MEASURED AND IN WHAT WAY IS THE LEVEL OF FUNDING IMPACTING THE LEVEL OF SUCCESS?
DESCRIBE HOW: The Court Program is successful when offenders are held accountable, survivors are kept safe, and survivors feel respected and supported. Success is measured internally through custom and standardized data collection instruments. Full funding for the program ensures uninterrupted service provision for survivors residing in Lee's Summit.

[15] WHAT ARE THE POSSIBLE CONSEQUENCES IF NO CDBG FUNDS ARE GRANTED FOR THE UPCOMING PROGRAM YEAR?
LIST THOSE IN THE ORDER OF LEVELS OF SERIOUSNESS IN YOUR JUDGEMENT:
 If no CDBG funds are granted for the upcoming program year, Hope House will continue to pursue alternative avenues of funding. As funding opportunities are limited, support is greatly appreciated. However, if adequate funds are not found, there is a significant risk that victims will go without services and offenders will not be held accountable for their abusive actions. CDBG funding helps ensure that all victims receive the support and resources necessary to find safety and stability.

[16] YOUR AGENCY'S TOTAL ANNUAL BUDGET? (Do not include CDBG funds from Lee's Summit)
 AMOUNT \$: 7,171,620.00

[17] YOUR AGENCY'S ANTICIPATED TOTAL EXPENSES FOR THE NEXT PROGRAM YEAR TO BE COVERED BY FEDERAL FUNDS? (Include all)
 AMOUNT \$: 2,226,040.00

[18] IS YOUR AGENCY GOVERNED BY A BOARD OF DIRECTORS? YES NO

[19] DOES YOUR AGENCY MEET OMB CIRCULAR A-110 STANDARDS? YES NO



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

Agency Name Hope House, Inc.

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

MEETING THE LEE'S SUMMIT CDBG 2025-2029 CONSOLIDATED PLAN GOALS CHECKLIST

CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS		
Need Category	Check All That Apply	Goals and Priority Needs
Affordable Housing	<input type="checkbox"/>	Improve Housing Access and Quality
Homeless	<input type="checkbox"/>	Provide Housing and Services for People Experiencing or At-Risk of Homelessness
Non-Housing Community Development	<input type="checkbox"/>	Improve Public Facilities and Infrastructure
Non-Homeless Special Needs	<input checked="" type="checkbox"/>	Provide Public Services
Non-Homeless Special Need, Non-Housing Community Development, Non-Affordable Housing, Non-Homeless	<input type="checkbox"/>	Planning and Administration
If None Above Applies, You May Check Here and Explain Your Program Objective.		

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



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2026-27**

All applications must be submitted by 5:00 p.m. February 6, 2026. Applications can be submitted electronically to Matthew.Younce@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Hope House, Inc.	Program/Project Title:	Court Advocacy Program
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	Lee's Summit Police Department & Municipal Court; Confidential Hope House Address
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	PO Box 577	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2026-27 is: (Check one)	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	UEI: CWMWZ4U2BQP5	Total Estimated Cost:	\$603,600.00
Total Organization Annual Budget in FY 2025-26:	\$ 7,171,620.00	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>275</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>200</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2025-26:	<p><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></p> <p>\$ 2,226,040.00</p>	CDBG Funding Request for 2026-27	\$20,000.00
Executive Director:	MaryAnne Metheny	In 2026, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T: 816-257-9331 E: mmetheny@hopehouse.net	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2025-26:	\$ 2,443,419.52		
Program Administrator/ Key Contact Person:	Brandi Bair, Director of Grants and Compliance		
Phone/ E-Mail:	T: 816-257-9349 E: bbair@hopehouse.net		
Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input checked="" type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

Development Services

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Hope House's Court Advocacy Program has built a coordinated community response to domestic violence, put a spotlight on offender behavior and accountability, and provided support, resources, and referrals to thousands of domestic violence survivors. Hope House's Court Advocacy Program offers five full-time Advocates 24/7 through an on-call rotation and provides guidance and support in area courts, including Order of Protection Court. Advocates work directly with detectives in four local police departments and have access to domestic violence police reports in multiple municipal court jurisdictions. Advocates remain involved with survivors throughout the court process, providing the consistency needed by survivors as they navigate the confusing and oftentimes daunting legal system. If awarded, funds will support the Lee's Summit-based Court Advocate and ensure uninterrupted service provision for survivors of domestic violence residing in Lee's Summit. Based on the average hours of service provided by the Lee's Summit-based Court Advocate over the last four years, Hope House estimates that if awarded at the full requested amount, CDBG funding will support the staffing, supervision, and administrative infrastructure necessary to provide approximately 85 hours of direct service to an estimated 100 survivors.</p>
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SECTION II --- Program Description and Eligibility Information

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

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

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2025-26	\$12,125.40	Court Advocacy Program	In Progress
2024-25	\$13,100.00	Court Advocacy Program	Yes
2023-24	\$13,650.00	Court Advocacy Program	Yes
2022-23	\$9,862.90	Court Advocacy Program	Yes

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



SECTION III --- Program Budget

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

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

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

FY 2026-27 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$ 367,500.00	\$	\$ 700.00	\$ 11,900.00	\$155,900.00	Granted & Applied	\$168,300.00	Granted & Applied	\$30,700.00
Fringe Benefits		\$ 83,800.00	\$	\$ 300.00	\$ 3,800.00	\$ 44,000.00	Granted & Applied	\$24,600.00	Granted & Applied	\$11,100.00
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$ 3,400.00	\$	\$ 500.00	\$ 100.00	\$1,000.00	Granted & Applied	\$1,400.00	Granted & Applied	\$ 400.00
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$ 1,600.00	\$	\$ 0.00	\$100.00	\$ 800.00	Granted & Applied	\$ 600.00	Granted & Applied	\$ 100.00
OPERATING EXPENSES										
Utilities		\$ 14,900.00	\$	\$ 1,000.00	\$ 100.00	\$ 800.00	Granted & Applied	\$1,600.00	Granted & Applied	\$ 11,400.00
Insurance		\$ 17,600.00	\$	\$	\$ 100.00	\$		\$		\$ 17,500.00
Legal Services		\$	\$	\$	\$	\$		\$		\$ 0.00
Transportation Related		\$12,300.00	\$	\$ 500.00	\$ 100.00	\$ 3,600.00	Granted & Applied	\$1,700.00	Granted & Applied	\$ 6,400.00
OTHERS										
IT Tech Support		\$ 3,400.00	\$	\$ 500.00	\$ 100.00	\$ 600.00	Granted & Applied	\$700.00	Granted & Applied	\$ 1,500.00
Contract Police		\$ 19,000.00	\$	\$ 500.00	\$ 100.00	\$		\$18,000.00		\$ 400.00
All Other Direct Costs		\$ 3,700.00	\$	\$ 500.00	\$ 200.00	\$ 600.00	Granted & Applied	\$ 600.00	Granted & Applied	\$ 1,800.00
Indirect Costs		\$76,400.00	\$	\$ 0.00	\$ 3,400.00	\$ 0.00		\$21,600.00		\$ 51,400.00
TOTALS		\$ 603,600.00	\$	\$ 4,500.00	\$ 20,000.00	\$ 207,300.00		\$ 239,100.00		\$ 132,700.00
<i>Notes</i>	Hope House is the current recipient of funding from the Office on Violence Against Women, Victim's of Crime Act, State Services to Victims Fund, COMBAT, Community Development Block Grant, City of Independence Court Grant and other court fees. Hope House continues to request private funding for this program.									



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Hope House's Court Advocacy Program does not have a formal intake process. Clients access program services through referrals from local police departments, Full Order of Protection Court, and/or other Hope House staff. During non-court contacts, such as call outs, Court Advocates are able to gather more detailed information and provide additional support and resources to survivors. A copy of the information gathered by Advocates as well as resources provided to clients is attached.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input checked="" type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>						
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input checked="" type="checkbox"/> Full-time secretarial/clerical person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<p>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 15,000.00</td> <td>Due to funding reductions in other funding sources, this is the minimum amount needed to maintain service levels without interruption.</td> </tr> </tbody> </table>	Amount	Why	\$ 15,000.00	Due to funding reductions in other funding sources, this is the minimum amount needed to maintain service levels without interruption.		
Amount	Why								
\$ 15,000.00	Due to funding reductions in other funding sources, this is the minimum amount needed to maintain service levels without interruption.								
		<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Type</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"><input checked="" type="checkbox"/> No fee for participating in this program</td> </tr> </tbody> </table>	Fee Type	Amount	<input checked="" type="checkbox"/> No fee for participating in this program			
Fee Type	Amount								
<input checked="" type="checkbox"/> No fee for participating in this program									
		<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Unit Type</th> <th style="width: 60%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Hours of Service</td> <td style="text-align: center;">\$ 231.95</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p>Notes: This unit rate is based on the average hours of service provided and the total program budget.</p>	Unit Type	Rate Per Unit	Hours of Service	\$ 231.95		\$
Unit Type	Rate Per Unit								
Hours of Service	\$ 231.95								
	\$								
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____ _____</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p>	<p><input type="checkbox"/> All expended before the end of 2026</p> <p><input type="checkbox"/> All expended by the end of June 2027, but expenditures will be evenly distributed to each quarter</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2027, 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.

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.

I certify that my agency will comply with all applicable federal laws, regulations, and executive orders governing the use of CDBG funds, including the Housing and Community Development Act of 1974 and 24 CFR in its entirety. This agency will cooperate with the City and HUD in any monitoring, audits, or reviews, and agrees to defend the City in any internal agency review or proceeding, as well as in court, indemnify and hold harmless the City, its officials, employees, and agents from any concerns or instances of review of the grant or the subrecipients activities policies or corporate behavior as may be called into question under executive orders 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, 14218, Ending Taxpayer Subsidization of Open Borders, and any other executive order signed by the President since January 20, 2025, and any claims or liabilities arising from my agency's failure to comply with such laws, regulations, or requirements.

<u>Brandi Bair</u>	<u>Brandi Bair, Director of Grants and Compliance</u>	<u>02 / 02 / 2026</u>
Signature – Person Completing the Application	Title	Date
<u>Mary Anne Metheny</u>	<u>Chief Executive Officer</u>	<u>02 / 02 / 2026</u>
Signature – President/CEO of the Agency	Title	Date
<u></u>	<u>Board of Directors Chair</u>	<u>02 / 02 / 2026</u>
Signature – Board of Directors Chair/President	Title	Date



COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
X	Meeting the Lee’s Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
X	Completed Application Form with all Blanks Filled Out and Signed
X	Documentation of 501(c) Status (Typically the Article of Incorporation)
X	A Copy of Your Agency’s In-take Form (for the Program CDBG Funding is Sought)
X	Completed Registration at SAM.GOV and Have an Active DUNS #
<input type="checkbox"/>	(Optional but Recommended) Product/Project Specifications and/or Design





The journey ahead starts here, together.

February 5, 2026

City of Lee's Summit
Jessica Vandivort de Montiel
Assistant Director of Grants and Administration
220 SE Green Street
Lee's Summit, MO 64063

Dear Ms. Vandivort de Montiel,

Hope House proposes billing by unit cost. The current unit cost for one hour of court advocacy service is \$231.95. This is calculated by dividing the Fiscal Year 2026 budget for one FTE Court Advocate by the average units of service provided annually by that Advocate in Fiscal Years 2022-2025 as shown below.

2025-2026

Board of Directors

- Jaime Simpson, Chair
- Kerrie Lindberg, Chair Elect
- Abby Mocek, Immediate Past Chair
- Jenny Ramsey, Treasurer
- Julie Lonergan, Secretary
- Camille Roe, At Large
- Lolly Cerda
- Mike Collar
- Billy Connely
- TJ Dunavant
- Alisha Duarte
- Mike Jackson
- Jessica Mayhew
- Jenny Neill
- Helen Ortiz-Turley
- Matthew Patterso
- Glen Stach
- Jackie Stegner
- Kelly Tate

Salary	\$45,431.76
FICA/Medicare	\$3,475.53
Unemployment	\$720.00
Health Insurance	\$9,374.40
403(b) Hope House Match	\$681.48
Workers' Compensation	\$239.80
Professional Fees	\$0.00
Technical Support	\$540.00
Recruiting	\$120.00
Phone Service	\$372.00
Staff Training	\$0.00
Postage	\$24.00
Meeting Expense	\$240.00
Mileage/Parking	\$1,920.00
Printing	\$0.00
Program Supplies	\$0.00
Retention/Recognition	\$120.00
Office Supplies	\$72.00
Copier	\$108.00
Administrative Overhead	\$10,983.00
Facilities Overhead	\$2,122.19
FY 2026 Budget	\$76,544.16
Number of Lee's Summit Court units – 4-year average FY22 to FY25	330.00
Unit Cost	\$231.95

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

Sincerely,

MaryAnne Metheny

MaryAnne Metheny
Chief Executive Officer

CINCINNATI OH 45999-0038

In reply refer to: 0248188042
Jan. 30, 2018 LTR 4168C 0
43-1265685 000000 00
00011909
BODC: TE

HOPE HOUSE INC
PO BOX 577
LEES SUMMIT MO 64063



012766

Employer ID Number: 43-1265685
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Jan. 19, 2018, regarding your tax-exempt status.

We issued you a determination letter in November 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



Assistance Information

Hotline (816) 461-4673
Metro-Wide (816) HOT-LINE

If you need an interpreter to access services, one will be provided at no cost to you.

Si necesita un intérprete para acceder a los servicios, se le proporcionará uno sin costo alguno.

“This project was supported by Grant Numbers IND: 15JOVW-24-GG-01631-ICJR, LS: 15JOVW-22-GG-01821-ICJR, Blue Springs: 15JOVW-22-GG-01822-ICJR, Grandview: 15JOVW-23-GG-02589-HO and awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.”



Client Notice of Confidentiality

As a client of Hope House, you have the following rights regarding the confidentiality of your personal information and communications with Hope House personnel and outside parties.

Your Rights and Choices

- You may choose what information you provide to Hope House. You will not be denied access to services if you decide not to share identifying information.
- Information about your race, age, ethnicity, and the services you receive is entered into a secure Hope House database. This information is used only for reporting purposes and is accessible only to qualified staff under strict confidentiality agreements.
 - Some general information – such as the types of services provided and overall client demographics (e.g., age ranges, income levels, and ethnicity) – must be shared with funders. However, any information that could specifically identify you as a client will never be shared unless you give written permission.

Sharing Information with Outside Agencies

- You have control over how much of your personal information Hope House shares with outside agencies. If you want us to share information, you must complete a written release of information, which will outline exactly what can be shared and with whom.
- If you later decide you no longer want your information shared, let us know – you can revoke the release at any time.

Confidentiality and Exceptions

Hope House keeps your information confidential. We will only release confidential information when legally permitted, compelled by statute or court mandate, or with your written consent. Exceptions include:

Legal and Safety Reporting Requirements:

- Hope House staff may be required by law to report on certain situations, even without your permission including:
 - suspected abuse or neglect of a child, elderly person, or an adult under guardianship;
 - a credible threat of harm to yourself or others; and/or
 - a crime committed against or witnessed by Hope House personnel, or a civil claim filed against Hope House.
- If a report must be made, we will inform you and will explain what information will be shared. Even when these reports are made, Hope House will only share the minimum information required.

Medical Emergencies:

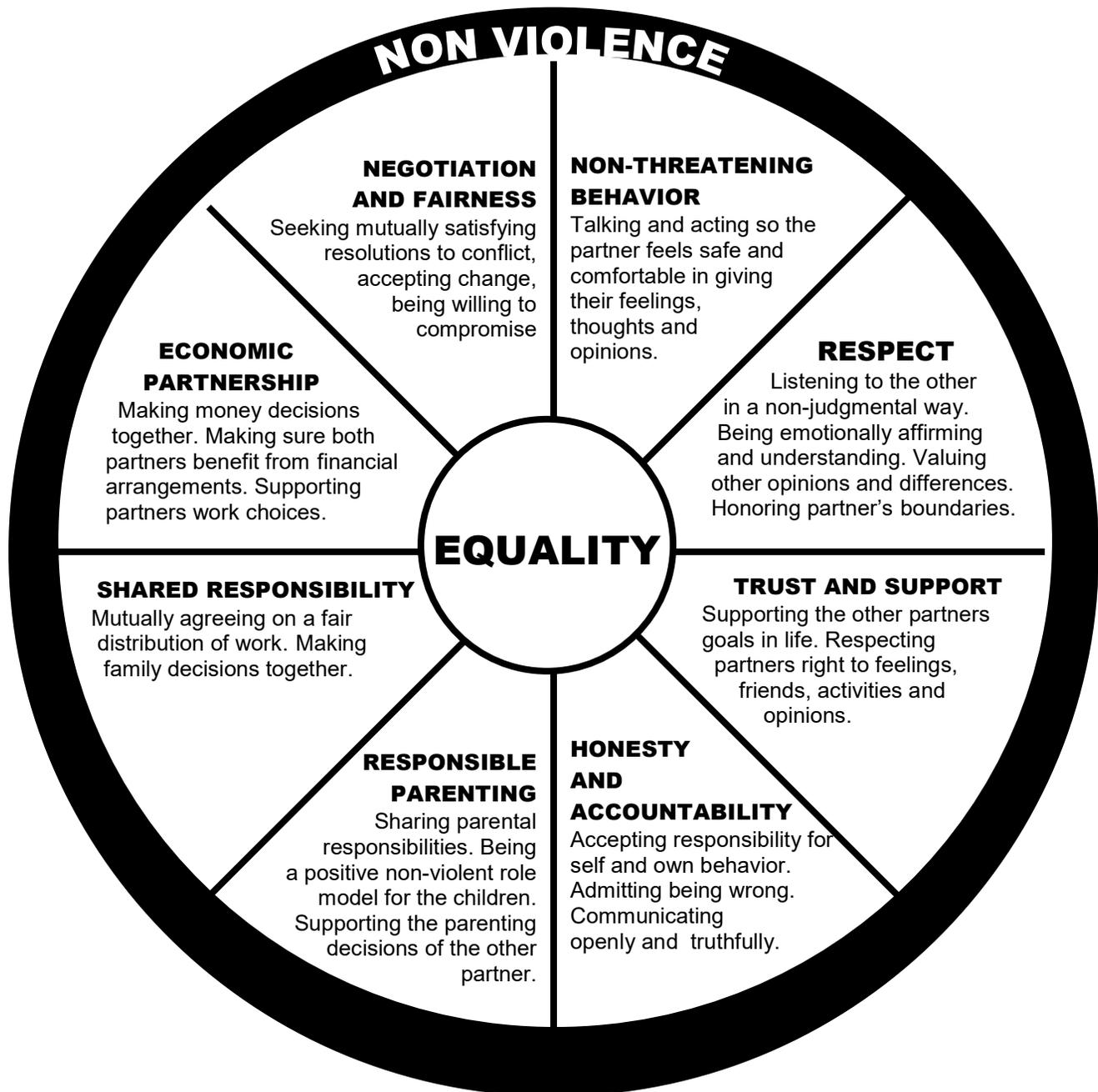
- If you are unconscious or unable to communicate during a medical emergency, Hope House may release limited information to ensure you receive proper treatment. This may include your first name, age, and, if applicable, information from your Medication Log.

Security and Privacy Measures

- Hope House uses security cameras in common areas inside its buildings to help maintain a safe environment. Cameras are not placed in private areas such as therapeutic settings, restrooms, or bedrooms. Security cameras are also positioned outside the buildings to enhance the safety of personnel, clients, and visitors. Only the camera at the car gate in Independence includes audio.
- As a client of Hope House, you are also expected to respect the privacy and confidentiality of other individuals receiving services here.

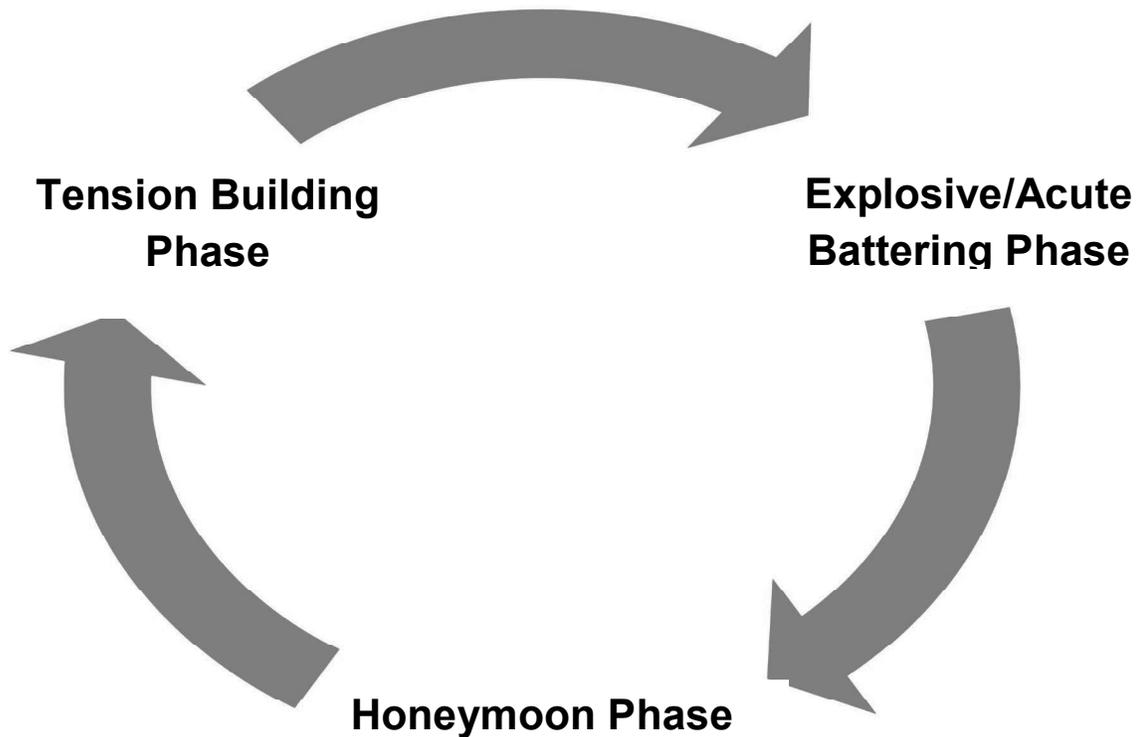
Questions or Concerns

- If you have any questions about this notice or your rights under the Health Information Privacy and Portability Act (HIPPA), contact the **Director of Clinical Services at (816)461-4188 x243**.
- If you believe your confidential information was not handled properly, contact our **Chief Operating Officer at (816)461-4188 x228**.



Healthy relationships are based mutual respect and trust.
They are not equal at every single moment but find an equilibrium and balance.

Phases of Domestic Violence



Tension Building Phase	Explosion/Acute Battering Phase	Honeymoon Phase
<ul style="list-style-type: none"> • Stress Builds • Communication breaks down • Victim senses growing danger, tries to avoid abuse • “Minor” violent/abuse occurs (pushing, slapping) • Feeling of “walking on eggshells” • Intensity increases • Batterer denies, minimizes, blames, external factors • Victim hopes things will change 	<ul style="list-style-type: none"> • Anxiety is extremely high • Major, controlled violence occurs • Explosive, acute, unpredictable • Serious injuries • Abuser blames the victim • Victim adapts in order to survive • Victim may escape, returns when crisis is over • Abuser may isolate victim physically and emotionally 	<ul style="list-style-type: none"> • Abuser becomes tender and apologetic • Abuser may try to buy back victim with flowers and presents • Abuser promises never to do it again • Abuser will demonstrate a sincere desire to make changes • If the victim left during the abuse phase, they will often return during this phase • <u>Abuser uses this phase to keep the victim in the relationship, in order to keep power and control</u>

ARE YOU BEING STALKED?

Stalking is a series of actions that make you feel afraid, distressed or in danger.

Stalking is serious, often violent, and can escalate over time.

Are you...

- Always looking over your shoulder?
- Confused about how someone always seems to know where you are?
- Unsure when that person will show up again?
- Nervous about checking your e-mail or phone because it might be him/her/them again?
- Scared of what that person might do next?

You may be a victim of stalking.

“Going to work, attending your kids activities, going out for the evening... these things seem routine. For me, they’re terrifying because I never know what he will do or when he will show up.”

—Stalking Survivor

RESOURCES

Services Provider

Line 2 (if needed)

Phone Number

Website

If you do not know how to reach your local service provider, or for additional assistance, you can contact the following hotlines:

Victim Connect

victimconnect.org/

855-4-VICTIM (855-484-2846)

National Sexual Assault Hotline

RAINN.org

800.656.HOPE (4673)

National Domestic Violence Hotline

thehotline.org

1-800-799-SAFE (7233)

SPARC

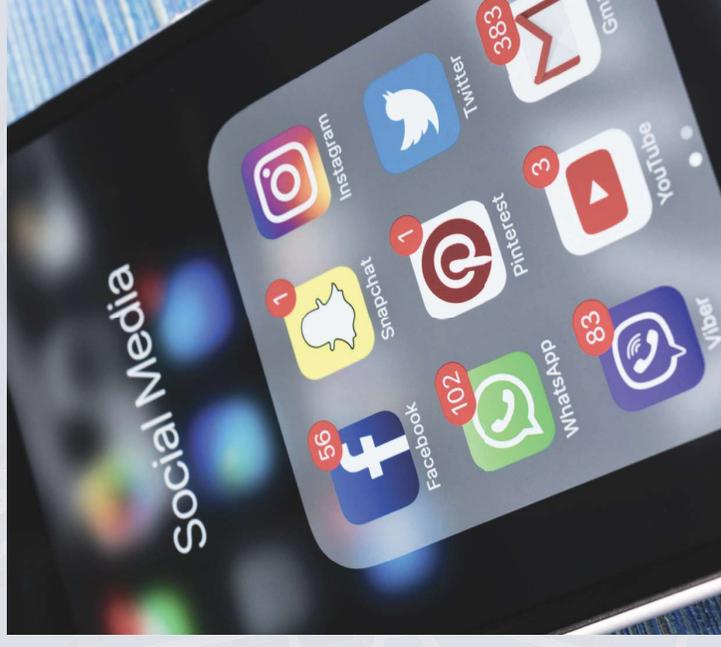
Learn more at StalkingAwareness.org

SPARC

STALKING
PREVENTION,
AWARENESS,
AND RESOURCE
CENTER

This project was supported by Grant No. -2017TA-AX-K074 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

UNDERSTANDING STALKING



**More than 1 in 6 women
and 1 in 17 men will be
stalked in their lifetimes.**

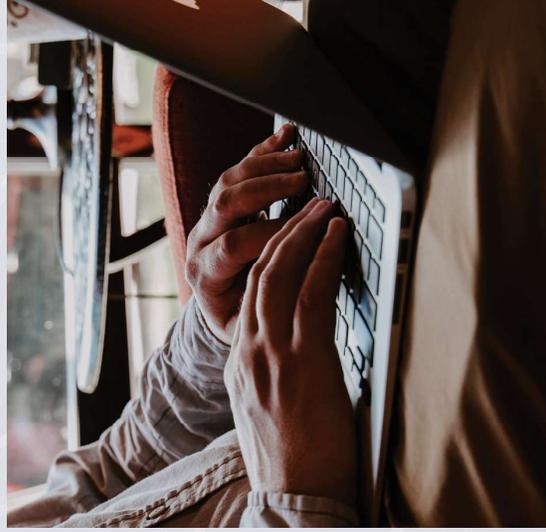
WHO ARE STALKERS?

Most stalkers target people they know.

Many stalkers commit this crime against people who they've dated/been romantically involved with. Stalkers may also be acquaintances, family members and/or strangers.

Stalking is a crime in all 50 states, the District of Columbia and U.S. territories.

While most stalking victims are female and the majority of perpetrators are male, anyone can be a victim or perpetrator of stalking.



WHAT DO STALKERS DO?

Most stalkers use multiple tactics to scare their victims. These behaviors may include (but are not limited to):

- **Unwanted contact** through repeated calls (including hang-ups), texts, e-mails or messages.
- **Following** you.
- Sending **unwanted gifts** or letters.
- **Tracking you** using technology (like GPS, apps or hidden cameras)
- **Showing up or waiting for you** at your home, work or school.
- **Damaging** your property.
- **Spreading rumors** about you – in person or online.
- **Posting or sharing or threatening** to post or share intimate photographs of you.
- **Harassing** your co-workers, family or friends.
- **Gathering information** about you by using the internet or going through your trash.
- **Hacking your accounts**, changing your passwords or impersonating you online.
- **Threatening** to hurt you or those close to you – family, friends, pets.
- Other actions that **control, track, or frighten you.**

WHAT CAN YOU DO TO BE SAFE?

It can be helpful to think of strategies to help keep yourself and loved ones safe. You may want to:

- Call **9-1-1** if you're in imminent danger or have been threatened.
 - **Trust your instincts.** If you think that you're in danger, you probably are.
 - Connect with a **local victim service provider** who can help you explore options and make a detailed safety plan. Not sure where to go? Call the hotlines listed under "Resources."
- ### **The stalking is not your fault and you cannot control the stalker's behaviors.**
- **Document** everything that happens – keep a record or log. See stalkingawareness.org/what-to-do-if-you-are-being-stalked/ for a sample log.
 - Tell people you trust about the situation. See if your school, workplace, or building security can help with your safety plans.
 - Consider getting a **court order** to keep the stalker away from you. Contact your local domestic violence/sexual assault agency or family court for more information.
 - Learn more **safety strategies** at stalkingawareness.org.

Stalking Safety Strategies

Stalkers can be unpredictable and dangerous. Whether through in-person or through the use of technology, stalkers use a variety of strategies to invade the lives of their victims. Most stalkers use multiple tactics and can escalate their behavior(s) at any time.

You have no control over the stalker's behavior and are not responsible for what they do. However, it can be useful to think of steps you might take to keep yourself and loved ones safe. This process is called safety planning.

Though victims can make safety plans on their own, it is often helpful to work with a trained professional such as an advocate, victim assistance provider, or even a law enforcement officer. You can find these people in local domestic violence and rape crisis programs, victim assistance programs within state and county prosecutors' offices, and in police departments. **For help locating someone trained in safety planning in your area, contact Victim Connect (855-4-VICTIM/855-484-2846).**

The guidance below is intended for general informational purposes only and is not designed to replace a personalized safety plan created with the assistance of a professional. The suggestions below are also not exhaustive. You are the expert on your own life and you know best what options might be possible or feasible.

Safety Planning: Basic Considerations

- **Trust your instincts.** Many victims of stalking feel pressured by friends or families to simply ignore the stalker's behavior or "just tell them off." Stalkers are dangerous and your fear is justified.
- Your **safety plan should evolve**, change, and adapt as the stalking situation changes.
- As much as possible, don't only plan around what has already happened – also **think about what might happen next** (for example, "if X happens, I will do Y")
- Consider or try to **anticipate how the stalker may react** to any changes you may make, so you can further plan for your safety. Stalkers often escalate their behavior when the victim reacts (for example, if you block them on social media, they might start showing up at your home).
- Victims must **balance** their need to live normal lives with their concerns over safety. Only you can decide what tradeoffs are realistic and appropriate for you.

General Safety Strategies – Consider:

- **Working with a local domestic violence shelter or victim services program** to develop a safety plan.
- **Notifying the police**, especially if you feel you are in any immediate danger. You can explain to the police why some actions that might seem harmless (like the stalker driving by your house or leaving you a gift) are causing you fear.
- **Ceasing any further communication with the stalker.** Many stalkers perceive any contact, even negative contact, to be a reinforcement (more information on this below).

- **Keeping a log** of every stalking incident (link to log) including the date, time, what happened, and the names and phone numbers of any witnesses. Documentation is key to understanding the scope of the situation, safety planning, and/or holding the offender accountable.
- **Varying your daily routine** periodically – routes to and from work/school, the grocery store, or other places you regularly go.
- **Telling your family, friends, and neighbors** that you are being stalked and instruct them on what they should do if the stalker contacts them.
- **Seeking a protective order** (For more help, contact [Victim Connect](#), [National Domestic Violence Hotline](#) or [RAINN](#))

Safety Planning: Stopping Communication with the Stalker

Consider cutting off any and all communication with the stalker. Many stalkers misinterpret any contact (even negative contact) as encouragement.

Some victims feel that they should ensure the stalker knows that the contact is unwanted. If that is true for your situation, you may consider **telling the stalker once – and only once – that you do not want any contact.** After that, it is important to consider cutting all ties with the stalker, including not answering messages or calls.

Some examples of how to express your desire for no contact include:

- “I am not interested in having a relationship with you. Do not contact me ever again.”
- “Do not call, stop by, text, or contact me in any way whatsoever.”
- “I do not want you to contact me in any way. If you continue to do so – or if you are on my property, or follow me – I will call the police.”
- “I am ending this relationship. I am not going to change my mind. Do not contact me again. I do not want to have any communication with you, in any form. If you try to contact me, I will call the police/take legal action.”

While disengagement is advisable, it is not always possible or realistic to cease all communication. Some victims feel safer by communicating with their stalkers to gain information on the stalker’s mood and plans. Some victims must maintain contact with their stalker due to shared custody of their children. It is important to understand how continued contact can impact an order of protection or a criminal case, so please discuss this with the professional who is assisting you with your safety planning.

Additional Tips:

Safety Planning for Workplace and School		
Stalkers may:	Safety Planning Tips:	Documentation Strategies:
<ul style="list-style-type: none"> • Follow you to, from or around the location • Contact colleagues about you • Show up • Contact you by phone, text or e-mail while you are at work/school 	<ul style="list-style-type: none"> • Give a picture of the stalker to security and friends at work and school. • Consider changing routes to and from work/school • Adjust hours (if possible) • Have a colleague or security guard walk you to your car/transportation • Make sure your school/work knows not to provide your contact information • If you have a protective order against the stalker, keep a copy of your protective order with you AND provide a copy to security and/or other officials at your work/school 	<ul style="list-style-type: none"> • Save any voicemails, text messages and e-mails • Work with building security to acquire any records/logs of the stalker being present on campus/at work

Safety Planning for Home		
Stalkers may:	Safety Planning Tips:	Documentation Strategies:
<ul style="list-style-type: none"> • Follow you to, from or around your home • Invade your home • Damage your property • Hack into wireless networks or home devices • Disconnect power/cable/internet service • Send gifts or mail • Install cameras to monitor you 	<ul style="list-style-type: none"> • Inform neighbors and/or apartment managers about the situation. Provide a photo/description of the stalker as well as a photo of the stalker's vehicle. • Pack a bag with important items in case you need to leave quickly. • Identify escape routes out of your house. Teach them to your children. • Change locks and upgrade home security system, if possible 	<ul style="list-style-type: none"> • Consider installing your own camera (depending on your state law) to capture evidence of the stalker's behaviors. • Photograph evidence of property damage

Safety Planning Around Technology

Stalkers may:	Safety Planning Tips:	Documentation Strategies:
<ul style="list-style-type: none"> • Constantly contact their victim: phone calls, text messages, online messages • Track/monitor through GPS, SpyWare and/or social media • Impersonate victims online (for example, creating fake profiles) • Hack into accounts • Share private or personal images with others • Film or photograph the victim without their consent 	<ul style="list-style-type: none"> • Update passwords to accounts frequently • Change answers to your security questions so that the stalker is not able to reset your password or gain access to the account • Adjust default settings on phone, apps and websites so that your location is not automatically shared • Do an internet search on your name to make sure none of your personal information is posted by others. If you find information posted about you, notify the site's webmaster immediately and request that the information be removed. • Don't give out your online identification information <p>If the stalker has had access to your phone or computer, they may be monitoring what you do via Spyware, key logging software or other means. In this case, a stalker can see any changes that you make. You may want to:</p> <ul style="list-style-type: none"> • Use another, safer device (for example, a friend's phone, the computer at a library) • Acquire a new device (if feasible) 	<ul style="list-style-type: none"> • Take screenshots of all text or internet communications with the stalker. Consider apps that can assist you in taking screenshots of long text conversations. • Get a second camera to capture messages and/or photos that disappear or might notify the sender when a screenshot is taken • Get phone records from your phone company to demonstrate frequent calls • Keep track of the stalker's behaviors by writing down every incident in this Documentation Log (link) • Learn more at NNEDV Safety Net (hyperlink: https://www.techsafety.org/resources-survivors)

Safety Planning Resources

Hotlines and Live Chat Available to Connect you to Local Resources

Victim Connect – <https://victimconnect.org/>

RAINN – <https://www.rainn.org/about-national-sexual-assault-telephone-hotline>

National Domestic Violence Hotline – <https://www.thehotline.org/contact/>

Documentation Log (link)

Safety Planning Around Technology

<https://www.techsafety.org/resources-survivors>

<https://techsafetyapp.org/home>

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STALKING & INTIMATE PARTNER VIOLENCE: FACT SHEET

There is a real and frighteningly significant connection between stalking and intimate partner violence. In fact, intimate partner stalking is the largest category of all stalking cases^{ABC}. Stalking often co-occurs with intimate partner violence and can be an indicator of other forms of violence. Many abusers use stalking to intimidate and control their victims.

DID YOU KNOW?

- The majority of stalking victims are stalked by someone they know. Many victims are stalked by a current or former intimate partner, or by an acquaintance^D.
- 74% of those stalked by a former intimate partner reported violence and/or coercive control during the relationship^E.
- The average length of partner stalking is approximately 2.2 years (which is longer than the average of just over one year for non-intimate partner cases)^F.
- 81% of women who were stalked by a current or former husband or cohabitating partner were also physically assaulted by that partner^G.
- 31% of women stalked by an intimate partner were also sexually assaulted^H.
- 46% of victims experienced one or more violent incidents by their stalker^I.
- 57% of stalking victims were stalked during the relationship^J.

STALKING & SEPARATION

Stalking does not just occur when a person leaves the relationship. Victims are stalked while still in the relationship with a controlling partner, making separation very difficult. Due to many safety concerns, stalking victims find that they will sometimes need to stay with the controlling, stalking partner to prevent further harm. Stalking after a separation may increase the risk of violence^{KLM}. Victims stalked by violent partners report more separation attempts than partner violence victims who were not stalked^N.

STALKING & FEMICIDE

There is also a significant connection between stalking and intimate partner homicide. Several studies, including the one^O from which

the statistics below are reported, have found that stalking is an indicator or precursor behavior to intimate partner homicide.

- 76% of intimate partner femicide victims have been stalked by their intimate partner.
- 67% had been physically abused by their intimate partner.
- 89% of femicide victims who had been physically assaulted had also been stalked in the 12 months before their murder.
- 79% of abused femicide victims reported being stalked during the same period that they were abused.
- 54% of femicide victims reported stalking to police before they were killed by their stalkers.

TIME OF GREATEST RISK FOR VIOLENCE

Any stalking case can escalate into violence. The risk of violence is heightened when the stalker^P:

- Issues direct threats of violence;
- Expresses jealousy of the victim's relationships with others during the relationship; and
- Uses illegal drugs

INTIMATE PARTNER STALKING OFFENDERS

As compared to non-intimate partner stalkers, intimate partner stalkers are **more likely to**:

- Have criminal records and abuse drugs and/or alcohol^Q.
- Be threatening to their victims and more likely to reoffend^R.
- Follow through on their threats of violence^S. For instance, one study found that 71% of the partner stalking victims who were threatened were actually assaulted compared to 33% of the non-intimate partner stalking victims who were threatened^T.
- Assault their victims^U.
- Threaten with, or actually use weapons on their victims^V.
- Assault third parties^W.
- Reoffend after a court intervention and to reoffend more quickly^X.
- Contact and approach their victims more frequently^Y.
- Be insulting and interfering/intrusive in the victim's life^Z.
- Use the widest range of stalking tactics^{AA}.
- Escalate in frequency and intensity of pursuit more often^{BB}.

- ^A Mohandie, K., Meloy, J., McGowan, M., & Williams, J. (2006). The RECON typology of stalking: Reliability and validity based upon a large sample of north American stalkers. *Journal of Forensic Science*, 51, 1, 147-155.
- ^B Roberts, A., & Dziegielewski, S. (2006) Changing stalking patterns and prosecutorial decisions: Bridging the present to future. *Victims and Offenders*, 1, 47-60.
- ^C Tjaden, P. & Thoennes, N. (1998). Stalking in America: Findings from the national violence against women survey (NCJ# 169592). Washington, DC: National Institute of Justice Centers for Disease Control and Prevention.
- ^D Source: Catalano, S., Smith, E., Snyder, H. & Rand, M. (2009). *Bureau of Justice Statistics selected findings: Female victims of violence*. Retrieved from <http://www.bjs.gov/content/pub/pdf/fv.pdf>.
- ^E Brewster, M. (2003). Power and control dynamics in pre-stalking and stalking situations. *Journal of Family Violence*, 18, 4, 207-217.
- ^F Ibid.
- ^G Tjaden, P. & Thoennes, N. (1998). Stalking in America: Findings from the national violence against women survey (NCJ# 169592). Washington, DC: National Institute of Justice Centers for Disease Control and Prevention.
- ^H Ibid
- ^I Ibid
- ^J Ibid
- ^K Logan, T., Walker, R., Jordan, C., & Campbell, J. (2004). An integrative review of separation and victimization among women: Consequences & Implications. *Violence, Trauma, & Abuse*, 5, 2, 143-193.
- ^L Logan, T., Walker, R., Shannon, L., & Cole, J. (2008). Factors associated with separation and ongoing violence among women with civil protective orders. *Journal of Family Violence*, 23, 377-385.
- ^M Mechanic, M., Uhlmansiek, M., Weaver, T. & Resick, P. (2000). The impact of severe stalking experienced by acutely battered women: An examination of violence, psychological symptoms and strategic responding. *Violence and Victims*, 15, 4, 443-458.
- ^N Logan, T., Shannon, L., & Cole, J. (2007). Stalking victimization in the context of intimate partner violence. *Violence and Victims*, 22, 6, 669-683.
- ^O Judith McFarlane et al., "Stalking and Intimate Partner Femicide," *Homicide Studies* 3, no. 4 (1999).
- ^P Women's Experience of Violence During Stalking by Former Romantic Partner, 2005
- ^Q Mohandie, K., Meloy, J., McGowan, M., & Williams, J. (2006). The RECON typology of stalking: Reliability and validity based upon a large sample of north American stalkers. *Journal of Forensic Science*, 51, 1, 147-155.
- ^R Palarea, R., Zona, M., Lane, J. & Langhinrichsen-Rohling, J. (1999). The dangerous nature of intimate relationship stalking: Threats, violence and associated risk factors. *Behavioral Sciences and the Law*, 17, 269-283.
- ^S Ibid
- ^T Thomas, S., Purcell, R., Pathé, M., & Mullen, P. (2008). Harm associated with stalking victimization. *Australian and New Zealand Journal of Psychiatry*, 42, 800-806.
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STALKING INCIDENT AND BEHAVIOR LOG



**7.5 million
PEOPLE are
STALKED
each year**

If you are a victim of stalking, it can be critical to maintain a log of stalking-related incidents and behavior, especially if you choose to engage with the criminal or civil justice systems. Recording this information will help to document the behavior for protection order applications, divorce and child custody cases, or criminal prosecution. It can also help preserve your memory of individual incidents about which you might later report or testify.



WHAT IS STALKING?

While legal definitions of stalking vary from one jurisdiction to another, a good working definition of stalking is:
a course of conduct directed at a specific person that would cause a reasonable person to feel fear.

The stalking log should be used to record and document all stalking-related behavior, including harassing phone calls, text messages, letters, e-mail messages, acts of vandalism, and threats communicated through third parties. When reporting the incidents to law enforcement, always write down the officer's name and badge number for your own records. Even if the officers do not make an arrest, you can ask them to make a written report and request a copy for your records.

Important note: Since this information could potentially be introduced as evidence or inadvertently shared with the stalker at a future time, **do not include any information that you do not want the offender to see.**

Attach a photograph of the stalker, photocopies of restraining orders, police reports, and other relevant documents. Keep the log in a safe place and tell only someone you trust where you keep your log.

Documenting stalking behavior can be a difficult and emotionally exhausting task. A local advocate in your community can provide support, information about the options available to you, and assistance with safety planning.

Personalized Safety Plan – Domestic Violence

Safety plans help survivors anticipate the physical and emotional dangers they might face. A safety plan is an adaptable tool to help increase your safety and well-being in an ever-changing situation.

WHEN TO USE A SAFETY PLAN

Safety plans can be made for a variety of situations: for dealing with an emergency, such as when you are threatened with physical assault or an assault has occurred; for continuing to live with or date a partner who has been abusive; or for protecting yourself after you have ended a relationship with an abusive partner.

USE WHAT YOU ALREADY KNOW

If you have been abused, you probably know more about safety planning and risk assessment than you might realize. Being in a relationship with an abusive partner—and surviving—requires considerable skill and resourcefulness. Any time you do or say something as a way to protect yourself or your children, you are assessing risk and enacting a safety plan. You do it all the time; it's just not always a conscious process.

LOOK AT THE RISKS

It can be a helpful strategy to evaluate risks and make safety plans in a more intentional way. Whether you are currently with your partner or have ended the relationship, and whether you choose to use available services or to involve the police, there are certain things that are helpful to consider in planning for your future safety.

BE AWARE OF DANGERS

If you are planning to leave your partner or already have left, be aware that abusers often escalate their violence during times of separation. Making a separation safety plan can help reduce the risks to you and your children.

EVALUATE YOUR OPTIONS

Only you can judge whom it's safe to tell about your situation and whom to ask for help. Sometimes, people who don't have good information about domestic violence respond in ways that aren't helpful, even when they mean well. On the other hand, you might feel comfortable asking for help from someone you know. It's your decision. The important thing is for you to identify all the people who might be willing and able to help you. Make a list of their phone numbers and attach it to your safety plan for easy reference.

PLAN AHEAD

You don't have to wait for an emergency to ask for help. In fact, it's a good idea to talk to people who can help before there's a crisis. Find out what they are willing and able to do for you. That way, you'll know in advance if you have a place to stay, a source of financial assistance or a person to help you in other ways.

REDUCE YOUR RISK

No one has control over a partner's violence, but people can and do find ways to reduce their risk of harm. The following safety plan is a tool to help you identify and evaluate your options and assist you in creating a personalized plan to reduce your risk when confronted with the threat of harm or with actual harm. Use what applies or change it to reflect your particular situation. Your safety plan does not need to be written down (especially if you fear your abuser will find it), though you may choose to. There's no right or wrong way to develop a safety plan. Make it your own, and review it regularly to make changes as needed.

KEEP YOUR PLAN IN A SAFE PLACE

Only you can decide if it is safe to have a written safety plan. If you decide to keep a written plan, find a place to keep it where the person who assaulted you won't find it. Ask a friend to keep a copy for you. Whether it's safe to write down your plan or not, it's still important to make one.

SAFETY DURING A VIOLENT INCIDENT

- I will use my judgment and intuition. If I think my partner is going to hurt me, I will try to move to a space that has lower risk, such as _____. (Often bathrooms, garages, kitchens, areas near weapons or rooms without an outside exit are most dangerous.)
- If the situation is serious, I can try to calm down my partner by giving in to demands. I have the right to protect myself until I/my children are out of danger.

SAFETY IF STAYING

- I can tell _____ about the violence and request they call 911 if they hear noises coming from my home.
- I can teach my children how to use the phone or call 911 to contact the police or fire department and/or how to contact a safe neighbor for help. I will make sure my children know our address.
- I can put emergency numbers in my phone.
- I will use _____ as the code word with my children or my friends so they will call for help if needed.
- If I have to leave my home, I will go to _____.
If I cannot go there, I can go to _____.
- The local domestic violence agency's hotline number is _____.
I can call it or the national hotline at (800) 799-SAFE (7233) for help.

SAFETY IF LEAVING

Preparing to leave

- I will call a domestic violence agency to get help making my plans. The hotline number for the nearest agency is _____.
- I will leave money and an extra set of keys with _____ so I can leave quickly.
- I will leave extra clothes with _____.
- I can open a post office box and have personal mail and bills (credit cards, cellphone, etc.) sent there.
- I will ask _____ and _____ to see who would be able to let me stay with them or lend me some money.
- I can increase my independence by opening a bank account and getting credit cards in my own name; by taking classes or getting job skills; and/or by getting copies of all the important papers and documents I might need and keeping them with _____.
- I can rehearse my escape plan and, if appropriate, practice it with my children.
- If it's not safe to talk openly, I will use _____ as the code word or signal to my children that we are leaving, or to my family or friends that we are coming.
- I can keep my purse or a wallet and car keys ready and put them _____ so I can leave quickly.
- I can take my pet to _____ if I need to leave.

PERSONALIZED SAFETY PLAN

ITEMS TO CONSIDER TAKING IF LEAVING

The following items may be helpful to have if you decide to leave, but remember that almost all of these items are replaceable.

- Identification for myself
- My and my children's birth certificates and Social Security cards
- Credit, debit and ATM cards
- School and vaccination records
- Money, checkbook and bankbooks
- Cellphone chargers and phone plan records
- Medication and medical supplies
- Medical records for all family members
- Keys – house, car, work
- Driver's license, car registration
- Insurance papers
- Public assistance ID/EBT and Medicaid cards
- Passports, Alien Registration Receipt Cards, work permits, green cards for myself and my children
- Divorce or separation papers
- Lease, rental agreement or house deed
- Car/mortgage payment book
- Children's toys, security blankets, stuffed animals
- Sentimental items, photos, jewelry
- Small objects to sell
- My personalized safety plan (if written down)

SAFETY AT HOME

If my partner and I are no longer living together

- I can, or ask my landlord to, change the locks on my doors and windows.
- I can, or ask my landlord to, replace wooden doors with metal ones.
- I can, or ask my landlord to, install security systems, including additional locks, window bars, poles to wedge against doors, etc.
- I can buy rope ladders to be used for escape from second-floor windows.
- I can install smoke detectors and put fire extinguishers on each floor in my home.
- I can provide my onsite property manager and/or trusted neighbors with a picture of my partner and ask them to notify the police if they see him near my home.

PERSONALIZED SAFETY PLAN

SAFETY AT WORK

- I can inform my boss, the security supervisor and the employee assistance program (EAP), if available, about my situation. The number of the EAP office is _____.
- I can ask _____ screen my calls and visitors at work.
- When leaving work, I can _____.
- If there's trouble when traveling to and from work, I can call 911 or _____.

SAFETY IN PUBLIC OR IF BEING STALKED

- If I suspect I am in imminent danger, I will locate a safe place for myself (police stations, residences of family or friends, domestic violence shelters, local churches, public areas, etc.).
- I can document my partner's actions and keep it in a safe place. This may include taking photos of destroyed property/vandalism, saving voicemails, keeping texts/email/letters/notes, etc.
- I can change my patterns – avoid stores, restaurants, banks, doctor's appointments, self-service laundries and other places where my partner might find me based on my regular schedule.
- I can tell _____ and _____ about the situation and provide them with a photo or description of my partner and any possible vehicles. I can ask them to call the police if they believe I or my children are in danger.
- When I am out of the house, I will try not to travel alone and will try to stay in public areas.

WITH AN ORDER OF PROTECTION

- I will keep my protection order _____. (Always keep it on or near you.)
- I will give copies of my protection order to the local police or sheriff and to departments in towns where I visit friends and family.
- I will give copies to my employer, my religious adviser, my closest friend, my children's school and child-care center and _____.
- If my partner destroys my order or if I lose it, I can get another copy from the court that issued it.
- If my partner violates the order, I can call the police and report a violation, contact my attorney, call my domestic violence program advocate, and/or advise the court of the violation.
- I can call a domestic violence agency if I have questions about how to enforce an order or if I have problems getting it enforced.
- I will document all instances, including dates and times, of abuse and/or violations of a valid Order of Protection

PROTECTING MY CHILDREN

- I can teach developmentally appropriate safety strategies to my children.
- I can teach my children how to make a phone call to me if they are concerned about their safety.
- I can teach my children how to use the phone or call 911 to contact the police and fire departments and how to contact a safe neighbor for help. I will make sure they know our address.
- I can tell my children's caretakers who has permission to pick them up and make sure they know how to recognize those people.
- I will give the people who take care of my children copies of custody and protection orders, as well as emergency numbers.
- I can arrange care for my pets ahead of time and keep them supervised when outside.

PERSONALIZED SAFETY PLAN

SAFETY AND TECHNOLOGY

- Each day there are advances in technology. I can ask someone familiar with technology or domestic violence about the ways that my partner might monitor me.
- I will use a computer that my partner doesn't have access to when I look for help, a new place to live, etc. It might be safest to use a computer at a public library, community center or _____
- I can ask my friends and family to be careful about whom they give my email address to and to use the Bcc: option when copying me on an email.
- When making or receiving private calls, I will not use a cellphone that I share with my partner because my partner might have access to cellphone billing records or might have put settings on my phone to track my whereabouts. My local domestic violence shelter might have a donated cellphone I can use.
- I will ask the court systems, post office and other government agencies how they protect or publish my records and request that they seal or restrict access to my files to help protect my safety.
- I will ask a domestic violence advocate about the address confidentiality program Safe at Home.

MY EMOTIONAL HEALTH

- If I am feeling down, lonely or confused, I can call _____ or the domestic violence hotline _____.
- If I have left my partner and am considering returning, I will call _____ or spend time with _____ before I make a decision.
- I can attend support groups, workshops or classes at the local domestic violence agency or _____ so I can build a support system, learn skills or get information.
- I will look at how and when I drink alcohol or use other drugs. If I am going to drink or use other drugs, I will do it in a place where people are committed to my safety.

MY SAFETY PLANNING AS AN IMMIGRANT OR REFUGEE

Additional items to consider collecting

- Copies of important papers, including those I might need for my immigration case, such as my I-94, copies of visa applications, work permits, etc.
- Photos of my spouse and I when we were dating
- Wedding invitation
- Marriage certificate
- Photographs of my wedding
- Love letters, emails or cards from my spouse when we were dating and after our marriage
- Copies of police reports and medical records
- Photos of my injuries
- Copies of my spouse's birth certificate/Social Security card/green card/or certificate of naturalization
- Divorce papers from my previous marriage or from my spouse's previous marriage, papers that show I have lived with my spouse in the United States (e.g., copies of my lease/rental agreement, utility bills or any envelopes or documents with my name and my spouse's name listed at the same address)

PERSONALIZED SAFETY PLAN

If law enforcement becomes involved

- I will consider contacting an attorney or organization that provides immigration legal services to learn more about what forms of help and immigration relief might be available to me or in the event that I am detained and need their assistance.
- I can consider appointing a power of attorney over my minor children in case I am detained and separated from my children (a possible power of attorney might be a friend or trusted family member).
- I will educate myself about my rights as an immigrant or refugee.
- I can become familiar with my consulate and the assistance it provides.

HOW CAN A DOMESTIC VIOLENCE AGENCY HELP ME?

Local domestic violence and sexual violence agencies are a vital resource, providing free and confidential assistance to adults and their children victimized by domestic violence, rape, sexual assault and stalking. They provide emergency safety services such as shelter and 24-hour crisis hotlines. **You don't have to stay in a shelter to get help from an agency.** Most also provide a full range of non-residential services to those who have been abused. Domestic violence agency advocates are experienced in providing assistance to survivors and their children. They understand the criminal, legal, family court, immigration and social service systems. They are familiar with other community resources that might be useful to you.

In addition to giving you helpful information, advocates often can accompany you to court, to the police station, to the hospital or to social services offices. They can provide you with practical and emotional support. Getting help from someone who has experience working with survivors of domestic or sexual violence and who knows how to work with the different systems can make things easier for you.

- The local domestic violence agency in my area is _____
and their phone number is _____.

NATIONAL DOMESTIC VIOLENCE HOTLINE

800-799-SAFE (7233)

Toll-free, 24-hour crisis intervention and referrals
to domestic violence programs in your area.

24-hour chatline:
www.thehotline.org



Hope House Resources

24-Hour Crisis Line-816-461-HOPE (4673)

Your visit today was due to the fact that you are experiencing domestic violence. It is important for you to know **YOU ARE NOT ALONE!** An estimated 3 to 4 million people each year experience similar situations. What happened to you is **NOT YOUR FAULT.** You and every person deserve to be treated with respect and live a life that is free of violence and harm. Below is a list of services Hope House provides to assist you.

- **Domestic Violence Hotline** 816-461-HOPE (4673)
Someone trained to confidentially discuss your current situation and provide support and information about available resources in the metro area will answer the hotline. The hotline is available 24 hours a day, 7 days a week. The hotline is also able to assist you in accessing any other Hope House Programs.
- **Emergency Shelter**
Safe emergency shelter is available to women and children fleeing domestic violence. If you are in need of safe shelter please contact our hotline at 816-461-HOPE (4673)
- **Court Programs**
Hope House has a team of court advocates to help guide clients through the court process. Advocates are available to help complete ex-parte and to answer questions about the court process. To speak with your city's court advocate, call the hotline and ask to speak with the court advocate in your city.
- **Legal Program**
Hope House has 3 contract attorneys available to assist clients with divorce, custody, paternity, and orders of protection. Clients must meet certain requirements.
- **Support Group and Individual Counseling**
We encourage all domestic violence survivors to seek counseling so they may better understand what has happened to them. We have counseling and support groups, substance abuse counseling, parenting counseling, and parenting classes available at no cost to you. More detailed information about outreach support groups and individual counseling is on the back of this form.
- **Guardian Program**
The guardian program is available for monitored exchange and supervised visitation of children. For more information about the Guardian Program, contact the Guardian Program Coordinator at 816-257-9236.
- **Additional Resources**
Additional Resources include assistance with 911 cell phones, food, transportation, clothing, personal care supplies, and food and gifts during the holiday season.

WHAT ARE THE RIGHTS OF A MISSOURI CRIME VICTIM?

RSMo 595.209

1. Be present at all criminal justice proceedings at which the defendant has such right.
2. Be informed and heard at guilty pleas, bail hearings, sentencing, probation revocation hearings and parole hearings.
3. Be informed of trials and preliminary hearings.
4. Restitution.
5. The speedy disposition and appellate review of cases.
6. Reasonable protection from the defendant or any person acting on behalf of the defendant.
7. Information concerning the release, escape, recapture or death of the accused while in custody or confinement.
8. Information about how the criminal justice system works, the rights and availability of services and information about the crime.

RESOURCES FOR CRIME VICTIMS

Missouri Child Abuse & Neglect Hotline
800-392-3738

MO Coalition Against Domestic and Sexual Violence
(573) 634-4161

Missouri Dept. of Corrections Victim Services
(573) 526-6516

Victims of Impaired Drivers (V.O.I.D.)
888-773-1800

Stop Human Trafficking
888-3737-888

Missouri Elder Abuse Hotline
800-392-0210

Courage to Report
866-748-7047

HOW TO REQUEST AN APPLICATION FOR ASSISTANCE

Request an application by phone, email or in writing:

Missouri Department of Public Safety
Crime Victims' Compensation
P.O. Box 1589
Jefferson City, MO 65102-1589

Phone: (573) 526-6006
Email: CVC@dps.mo.gov
Fax: (573) 526-4940

The application and additional information is available at:

www.dps.mo.gov/dir/programs/cvc



MO Automated Victim Notification System
(MOVANS)

MOVANS is an automated victim notification system that notifies registered users of changes in an offender's incarceration, court status or the status of a protection order. Registrants can choose to receive notifications by phone, text, and email.

For more information visit:
Toll Free: 866-566-8267
Phone: (573) 526-1929
Email: cvsu@dps.mo.gov

<https://dps.mo.gov/dir/programs/cvsu/movans.php>

CRIME VICTIMS' COMPENSATION



ASSISTANCE FOR VICTIMS OF VIOLENT CRIME

A program of the
Missouri Department of Public Safety

If you or a family member have sustained physical, emotional, or mental harm or trauma resulting from certain crimes you may be eligible for financial assistance from the Crime Victims' Compensation Program (CVC).

Victims of crime or eligible family members can apply for financial assistance to help with expenses directly related to the crime. Allowable expenses may include reasonable medical, counseling, funeral expenses, lost wages, and loss of support.

It is NOT required that the suspect is arrested, in custody of law enforcement or brought to trial to apply.

Please Note

Eligibility cannot be determined without a completed application.

BENEFIT PAYMENTS

The maximum benefit per crime is \$25,000.

The following crime related expenses may be covered by the program:

- Medical expenses, including prescriptions
- Counseling
- Funeral expenses (maximum of \$5,000.00)
- Lost wages (up to \$400 per week)
- Loss of support

NOTE: For lost wages and loss of support the victim must be gainfully employed at the time of the crime.

Supporting documentation will be requested for application processing

ELIGIBILITY REQUIREMENTS

The following are minimum requirements that must be met:

Crime Must Have Occurred In Missouri

If the crime occurred in another state, application must be made in that state

Filing Deadline

Application must be filed within 2 years from the date of the crime or the discovery of the crime

Crime Must Be Reported to Proper Authorities

For the purposes of CVC, law enforcement and prosecuting attorneys are the proper authorities. In cases of domestic violence, sexual offenses, human trafficking or stalking, other court documents may be accepted. This may include securing an order of protection or sexual assault forensic exam documentation.

Cooperation with Law Enforcement and CVC

Victim must fully cooperate in law enforcement investigation and with the CVC program.

No Contributory Conduct

Victim MUST NOT have contributed to their injuries or engaged in provocation/enticement. Victim must not have been in commission of any crime.

Eligible Family Members

For a deceased victim, the claimant must be an **eligible family member:** per RSMo 595.010.1 (14): spouse, parent, grandparent, step-parent, child, grandchild, brother, sister, half-brother, half-sister, adopted children of parent or spouse's parent.

NOTE: If an individual pays toward funeral expenses and the individual does not meet the statutory definition of a family member, that individual will not be reimbursed/eligible to file claim.

Example: If the aunt of the victim pays \$2,000 toward the funeral bill and receives a receipt; the aunt is not eligible for reimbursement because she does not meet the statutory definition of a family member.

REQUIRED DOCUMENTATION THAT WILL ASSIST IN PROCESSING YOUR CLAIM

Depending on the type of crime and the benefits requested, the victim or claimant will be required to submit information to support:

- Crime-related medical, counseling, and funeral bills and paid receipts
- Death certificate for funeral expenses or loss of support
- Birth certificates for each minor child if seeking loss of support for children
- Employment information
- Insurance information
- Other as requested from CVC

PAYER OF LAST RESORT

CVC is the PAYER OF LAST RESORT. Expenses that are paid or eligible to be paid from other sources such as: health insurance, Medicaid, Workers' Compensation, crowd-sourced funds and Medicare may not be compensated.

Employer paid leave programs are also considered a collateral source when applying for work loss.

WHAT CVC CANNOT PAY

- Pain and suffering
- Personal Property
- Rent/Mortgage/Utilities
- Food/Clothing Costs
- Tuition Reimbursement
- Vehicle Damage
- Relocation Costs
- Homeopathic/Alternative Treatment

Please Note

This brochure is a summary of Missouri's Crime Victims' Compensation Program. Statutes governing this program may be found in Chapter 595 of the Revised Statutes of Missouri.

Community Resources

Domestic Violence Shelters

Hope House (Eastern Jackson County) – (816) 461-4673 (HOPE)
New House (Jackson County) – (816) 471-5800
Rose Brooks Center (Jackson County) – (816) 861-6100
Synergy Services (Platte County) – (816) 452-8535
Safe Home (Johnson County, Kansas) – (913) 262-2868
Joyce Williams/Friends of Yates (Wyandotte County, Kansas) – (913) 321-0951
Hope Haven (Cass County) – (816) 380-4663

Crisis Help Lines

Metro-wide Domestic Violence Hotline – (816) HOTLINE
National Domestic Violence Hotline – (800) 799-SAFE
MOCSA (Sexual Assault Helpline) – (816) 531-0233
Ask A Nurse (24-Hour Hotline) – (816) 751-3754
Child Abuse Hotline – (800) 392-3738 (MO) & (800) 922-5330 (KS)
Elder Abuse Hotline – (800) 392-0210 (MO) & (800) 922-5330 (KS)
Suicide Hotline (National Hope Line Network) – (800) SUICIDE
Western Missouri Mental Health Crisis Line – (816) 889-3939 or (816) 889-3940
Crisis Access Response System (suicide help in MO) – (800) 356-5395
United Way – 211 (Resource Referrals)
Non-Emergency Lines:

Blue Springs Police Department – (816) 228-0151
Buckner Police Department – (816) 650-3939
Grandview Police Department – (816) 761-3000
Grain Valley Police Department – (816) 524-4300
Independence Police Department – (816) 325-7300
Jackson County Sheriff's Department – (816) 541-8017
Kansas City Missouri Police Department – (816) 243-5000
Lee's Summit Police Department – (816) 969-7390
Oak Grove Police Department – (816) 690-3773
Raytown Police Department – (816) 737-6020
Sugar Creek Police Department – (816) 252-7058

Legal Assistance

Jackson County CASA (Court Appointed Special Advocates) – (816) 842-2272
Kansas City Attorney Referral – (816) 472-0017
Kansas City Metropolitan Bar Association – (816) 221-9472 (\$25 consult fee)
Legal Aid of Western Missouri – (816) 474-6750

Court Information

Jackson County Order of Protection Unit (Independence) – (816) 881-4555
Jackson County Courthouse (Independence) – (816) 881-4400
Jackson County Order of Protection Unit (Kansas City) – (816) 881-3974
Jackson County Courthouse (Kansas City) – (816) 881-3000

Health Care Clinics and Medication Assistance (Prescriptions)

Cabot Westside Clinic (Kansas City) – (816) 471-0900
Jackson County Free Health Clinic (Independence) – (816) 257-0099
KC Care Health Center – 816-753-5144
KC Medicine Cabinet—Metro Lutheran Ministry—(816) 931-0027, Ext 222
Missouri SenioRX Hotline (Over 65) – (866) 556-9316
ReDiscover Mental Health – (816) 531-7788
Samuel U Rodgers Community Health Center – (816) 474-4920
Seton Center Family and Health Center – (816) 231-3955
Swope Parkway Health Services – (816) 627-2000
Truman Medical Center Lakewood Health Clinic – (816) 795-4393

Education and Employment Agencies

GED Classes – (816) 521-2920
Career Central of Blue Springs – (816) 228-3439
Full Employment Council – (816) 471-2330
Guadalupe Center – (816) 561-6885
Independence Career Center – (816) 325-5890
Welfare-to-Work / Division of Family Services – (816) 889-2361
Women’s Employment Network – (816) 822 -8083

Homeless Services

Hillcrest Ministries of Eastern Jackson County – (816) 461-0468
Homeless Hotline – (816) 474-4599
City Union Mission – (816) 474-9380
Cross-Lines Community Center – (913) 281-3388
Salvation Army Crossroads – (816) 461-1093
Save, Inc. (For persons with AIDS) – (816) 531-8340
Sheffield Place (For mothers and children) – (816) 483-9927
Shelter KC-KC Rescue Mission – (816) 421-7643
Steppingstone – (816) 356-0187
ReStart, Inc – (816) 472-5664
River of Refuge – (816) 737-5100

Housing Services

Housing Authority of KCMO – (816) 968-4100
Housing Authority of KCKS – (913) 281-3300
Housing Authority of the City of Independence, MO – (816) 836-9200
Housing Authority of Lee’s Summit, MO – (816) 524-1100
Housing Authority of Blue Springs, MO – (816) 622-8365
Housing Authority of Liberty, MO – (816) 792-1113
Housing Authority of Clinton, MO – (660) 885-5852
Housing Authority of Columbia, MO – (573) 443-2556
Housing Authority of Sedalia, MO – (660) 827-1400
Housing Authority of Warrensburg, MO – (660) 747-2281

Misc

RIDESHARE – (816) 842-RIDE
Artists Helping the Homeless (Free Transportation) – (816) 668-1007
Family Conservancy (Anger management and family counseling) – (816) 373-7577
Mattie Rhodes (Hispanic Services) – (816) 471-2536
Lesbian and Gay Community Center – (816) 931-4420
Kansas City Anti-Violence Project (LGBTQIA+ Services) – (816) 561-0550
Sickle Cell Disease Association of America, KCMO (816) 444-5600
Veronica’s Voice (Sex Trafficking Advocacy) – (816) 483-7101
Veterans of Foreign Wars-Unmet Needs – (816) 968-2788

Emergency Assistance Agencies: (utility assistance, rental assistance, furniture, food, etc.)

American Red Cross, Greater Kansas City Chapter – (816) 931-8400
Bishop Sullivan Center – (816) 231-0984
Catholic Charities – (816) 221-4377
City Union Mission – (816) 483-7685
Community Assistance Council – (816) 763-3277
Community Services League – (816) 254-4100 (Main Branch)
Community Linc – (816) 531-3727
Della Lamb Community Services – (816) 842-8040
eWIC – (816) 881-4415
Grandview Assistance Program – (816) 761-1919
Harvesters – The Community Food Network – (816) 929-3000
Housing Information Center for Emergency Assistance – (816) 931-0443
Lee’s Summit Social Services – (816) 525-4357
Metropolitan Lutheran Ministries – (816) 931-0027
People Helping People (Lee’s Summit) – (816) 524-7172
Raytown Emergency Assistance Program – (816) 356-0054
Redemptorist-Utility Services – (816) 931-9942
Salvation Army – (816) 252-3200
Seton Center-Social Services Program – (816) 231-3955
The Economic Opportunity Foundation – (913) 371-7800
United Services Community Action Agency – (816) 358-6868

For Additional Resource Referrals Call Hope House Hotline
(816) 461-4673

Do You Know Your Rights & Responsibilities?

Hope House's mission is to break the cycle of domestic violence by providing safe refuge and supportive services that educate and empower those impacted by domestic violence. Hope House will advocate social change that protects and engenders a person's right to live a life free of abuse.

Hope House is responsible for providing clients with:

- **Care** – through respectful, dignified, empathetic, and person-centered services
- **Welfare** – by fostering independence, choice, and well-being
- **Safety** – in a manner that protects rights, minimizes harm, and maintains confidentiality
- **Security** – by cultivating safe, effective, harmonious, and collaborative relationships

To fulfill this commitment, Hope House uses person-centered and trauma-informed approaches.

-
- **Person-Centered:** We recognize that clients know themselves best. We respect their preferences, support their independence, and use a strengths-based approach.
 - **Trauma-Informed:** We acknowledge the impact of trauma on individuals. We prioritize choice, collaboration, mutuality, and empowerment, while considering social and environmental factors.
 - **Responsive:** We recognize the uniqueness of everyone, including how cognitive, mental, and physical states affect interactions. Our approach is welcoming and sensitive to all lived experiences.
 - **Respect for Rights and Dignity:** We respond to every person with respect, empathy, and compassion.
-

As a client, you have the **RIGHT** to:

- Receive prompt, fair, and non-discriminatory services.
- Access services in a clean and safe setting.
- Provide consent prior to receiving services and participate in service decisions, when applicable.
- Make informed choices about the services you receive.
- Request to review your service/treatment plan, if applicable.
- Request to review their case record/client file and add a statement to it.
- Make your own decisions, free from harassment or coercion.
- Be informed about the consequences of your choices.
- Expect confidentiality of information and records, in accordance with relevant laws and Hope House policies.
- Be treated with dignity and respect.
- Be free from abuse.
- File a grievance.

As a client, you have the **RESPONSIBILITY** to:

- Contribute to a safe and non-violent environment.
- Protect your own confidentiality as well as that of other clients and Hope House personnel.
- Respect the rights of all other clients and Hope House personnel.
- Provide relevant information as a basis for receiving services and participating in service decisions.



Behavior Support & Management

At Hope House, we follow key values and beliefs to guide our behavioral support services.

1. **Survivors Know Best:** We believe that you are the expert on your own life.
2. **Right to Choose:** We believe that you should make your own choices.
3. **Ability to Change:** We believe that you can grow and change in ways that suit you.
4. **Right to Safety:** We believe that you and our staff deserve to be safe.

Our Approach

At Hope House, we focus on treating everyone with respect and dignity. We try to understand your experiences and help you live a life you value. We focus on building strong, supportive relationships with you. We understand that you need to feel safe and cared for to benefit from our services.

- ✓ Hope House encourages positive behaviors to ensure safety for everyone. We prohibit methods that limit your freedom, such as physical restraint or isolation, and will not use harmful or demeaning practices.
- ✓ We focus on positive behavior by identifying your strengths, understanding how trauma has impacted you, and getting to know your unique experiences and background.
- ✓ If you or your children display actions or habits that cause difficulties or disruptions at Hope House, we may create a Behavior Management Plan (BMP) with you. This plan will help find strategies for resolving problematic behaviors and will focus on your (or your child's) strengths and needs. A Hope House therapist may assist with the plan if needed.
- ✓ We do not tolerate harassment or violence. We will respond quickly to ensure safety, and any behavior creating an unsafe environment may lead to termination of services.

By following these guidelines, Hope House aims to provide a respectful and supportive environment for everyone involved.

Client Grievance Procedures

Hope House has a grievance procedure in place to make sure that you have a way to formally log a complaint or concern, be heard, and find solutions.

You have the right to file a grievance if you believe that any policy has been unfairly applied to you, or if you and/or your children have been mistreated by any Hope House personnel, including denial of service.

During the grievance process you can expect:

- to have your grievances taken seriously and considered in a fair, timely, and neutral manner;
- to receive timely written notification of the resolution of the grievance and an explanation of any further appeal, rights, or recourse; and
- that you will not be terminated or otherwise refused assistance because you took part in the grievance process.

Additionally:

- At any time, you can choose to get help from outside entities, such as advocacy organizations for civil rights, tenant's rights, and anti-discrimination in housing and social services.
- Grievances submitted by a group of individuals will not be accepted. Individuals with common complaints or concerns must each submit them separately.
- Grievances about serious safety concerns or urgent matters will be addressed immediately.
- Confidentiality will be maintained to the extent possible, while still allowing staff to properly investigate.

To obtain a Client Grievance Form, ask any Hope House personnel or you can access one from www.hopehouse.net.

Submitting a Grievance:

1. When you have a grievance, the preferred first step is to discuss it verbally with the person you are having the issue with or with a Hope House Advocate, Case Manager, or Therapist.
2. If you feel the verbal conversation did not resolve your issue, or you aren't comfortable discussing it directly with that person, you may request that a supervisor review your grievance using any of the following methods:
 - Submit the grievance in writing on a Grievance Form
 - Submit the grievance electronically through the Hope House website

If you need help submitting a grievance in writing, please ask any staff person to help you, or you may request an in-person meeting or phone call with a program supervisor.

3. Hope House will investigate your grievance and will follow up with you regarding their findings within 5-7 business days.

Submitting an Appeal

If you are not satisfied with how the matter was resolved, you can file an appeal.

1. Submit an appeal form which you can obtain from any staff member. A supervisor will investigate your appeal and provide a written response to you within 5-7 days.
2. If you are not satisfied with the outcome of the appeal, you may submit a final appeal. A Chief Officer will review your final appeal and provide a written response to you within 5-7 days. All resolutions at this level are final.

To make sure it meets client's needs, Hope House conducts a 3rd party review of all grievances and their outcomes.



External Authorities

You have the right to pursue the matter with external authorities if you wish.

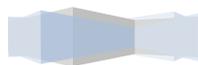
- **Privacy Practices** - If you believe that Hope House may have violated any of your privacy rights, you may file a complaint with the US Department of Health and Human Services for Civil Rights, www.hhs.gov/ocr/privacy/.
- **Clinical Services** - If you believe your therapist's behavior is unethical or does not adhere to professional standards, you may file a complaint with the Department of Mental Health using the following contact information: Constituent Services, Department of Mental Health, P.O. Box 687, 1706 East Elm Street, Jefferson City, MO 65102, 1-800-364-9687
- **Residential Services** – If you believe housing provided by or subsidized by Hope House ceases to be safe, decent, and sanitary, you may file a report with the Missouri Housing Development Commission: 920 Main Street, Suite 1400, Kansas City, MO 64105-2017 or (816) 759-6600.
- **Civil Rights** - If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including sex stereotyping and gender identity), or religion in programs or activities that Health and Human Services directly operates or to which provides federal financial assistance, you may file a complaint at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Fair Housing** - If you feel that you have been discriminated against based on your race, color, national origin, religion, sex, familial status or disability in regard to housing services you receive from Hope House, you may file a complaint at https://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination



Police Call-Out On-Site Checklist

If something wasn't completed, please explain why on the summary page.

- Text/Call On-Call Manager where you're being called out to.
- Complete on-site occurrence list with a detailed description of the call
- Signed waiver
- Ex-Parte - Emergency or non-emergency
- Ex-Parte Checklist – If ex-parte was completed, please turn into Outreach Programs Manager
- Legal referral
- Release of Information
- Community Resources
- Shelter – Contact shelter for availability if interested
- Outreach Services – Support group, counseling, etc.
- Security Items and 911 Cell Phone (phone to dial 911 only)
- Client Rights & Responsibilities signed
- BARB form completed
- Client survey
- Turn paperwork into Outreach Programs Manager and a copy of it to the appropriate Court Advocate.
 - o Copies for Blue Springs and Lee's Summit Advocates should be emailed to them.
- Text/Call on-call Manager upon arrival at home.



WAIVER

I, _____, understand that the Hope House advocates are not attorneys and cannot offer legal advice. The advocates are here to offer support and resource referrals.

Signature

Date

Witness Signature

Date



A bright light in a community that cares

Limited Release of Information Form

Hope House must keep information about you private. The only time your personal information should be shared is when you want us to for specific services or if we are forced to by law, court order, or as outlined in the *Client Notice of Confidentiality* given to you at Intake.

- You never have to agree to share your information. We will still help you and provide our services.
- If you do want Hope House to share some information about you, use this form to give instructions about what you do and don't want shared, and with whom you want it shared.
- Before you sign this, someone at Hope House will discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us share the information for you.
- You can change your mind about what you want shared at any time, and we will update this form to reflect your decision.

Client Name: _____ Client ID# _____

These are my instructions for Hope House to share my information:

Who I want to have my information: (one person or agency per release)	
What information can be shared:	
How the information can be shared:	<input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by text <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail <input type="checkbox"/> by other method: _____
Why I want the information shared:	
I want Hope House to stop sharing the information above on _____ (date). I know that I can change my mind and tell Hope House to stop sharing sooner than the date above _____. (initial)	

TURN THIS SHEET OVER AND COMPLETE INFORMATION ON THE BACK

I know that once the information is shared by Hope House:

- Others will know that I have worked with Hope House,
- Others might try to get more information about me from Hope House ,and
- The person/agency receiving my information might share it without asking me first. _____ **(initial)**

I was offered a copy of this Release of Information and can request one later if I want. _____ **(initial)**

Client Signature: _____

Client Printed Name: _____ **Date:** _____

Staff Signature: _____

Staff Printed Name: _____ **Date:** _____

Extending the Release

To help meet my goals, I want Hope House to keep sharing the information above for longer.

I want them to stop sharing on _____ (new date).

Client Signature: _____ **Date:** _____

RELEASE REVOKED

I want Hope House to stop sharing my information with the above listed person on _____ (date).

Client Signature: _____ **Date:** _____

*Staff document on the front side of this release that it has been revoked.

DO NOT DESTROY DOCUMENT WHEN REVOKED. KEEP IN CLIENT FILE.

RESTRICTIONS: The recipient of this information shall comply with federal regulations (42 CFR Part 2) concerning confidentiality which prohibits further disclosure without specific written consent by the person whose signature appears below. A general authorization for the release of medical or other information is not sufficient for re-release unless such disclosure is specifically required or permitted by law.

Is this an ACT call out?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Police Call-Out ON-SITE OCCURRENCE LIST

Date: ___/___/___ **Time called out:** ___:___ AM or PM

Detective/Officer: _____ **Advocate:** _____

Date & Time Incident Occurred: ___/___/___ ___:___ AM or PM

Report# _____

Address of Incident:

_____ _____
Street Address City

_____ _____
State Zip Code

Responded to: Hospital or PD? _____
Name of Hospital/PD

Abuser's Name: _____

Abuser DOB: _____ **Abuser Age:** _____ **Abuser R/G:** _____

Client's Name: _____	
Client DOB: _____	Client Age: _____
Client R/G: _____	
Relationship to Abuser: _____	
Client's Address <input type="checkbox"/> Mark if same as where incident occurred	
_____	_____
Street Address	City
_____	_____
State	Zip Code
Client's Phone: _____	Message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Number: _____	Message? <input type="checkbox"/> Yes <input type="checkbox"/> No

Children Present? Yes No
Children in Common? Yes No
Names & DOBs of Children:

Emergency Adult Ex Parte Completed? Yes No
Non-Emergency Adult Ex Parte Completed? Yes No
Emergency Child Ex Parte Completed? Yes No
Non-Emergency Child Ex Parte Completed? Yes No
Ex Parte Granted for any of the above? Yes No
Legal Referral Completed? Yes No

Injuries? Yes No (If yes, describe in summary)
Medical Attention? Yes No
Photos Taken? Yes No **By:** PD or Advocate
Previous Incidents? Yes No **If yes, where?** _____

Is Detective/Officer aware of injuries? Yes No
If yes, Filing State? Yes No

Does Client wish to come into Shelter? Yes No
Client Accepted? Yes No
Did Client enter shelter? Yes No

Lethality Assessment Program
Outreach Services

Is caller a victim of intimate partner violence? If yes, state to client that you would like to ask her some questions about her safety, and then complete this form in its entirety.

Advocate's Last Name: _____ Date of Contact: _____

Victim Name: _____

Check here if caller did not answer any of the following questions.

A "Yes" response to any of Questions #1-3 *automatically* triggers a protocol referral.

1. Has he/she ever used a weapon against you or threatened you with a weapon? Yes No Not Ans.
2. Has he/she threatened to kill you or your children? Yes No Not Ans.
3. Do you think he/she might try to kill you? Yes No Not Ans.

Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.

4. Does he/she have a gun or can he/she get one easily? Yes No Not Ans.
If yes, see the 2nd page under gun safety planning.
5. Has he/she ever tried to choke you? Yes No Not Ans.
6. Is he/she violently or constantly jealous or controls most of your daily activities? Yes No Not Ans.
7. Have you left him/her or separated after living together or being married? Yes No Not Ans.
8. Is he/she unemployed? Yes No Not Ans.
9. Has he/she ever tried to kill himself/herself? Yes No Not Ans.
10. Do you have children he/she knows are not his/hers? Yes No Not Ans.
11. Does he/she follow or spy on you or leave threatening messages? Yes No Not Ans.

You (advocate) may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever you believe the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? If yes, what worries you?

Check One:

- Victim screened in according to the protocol
- Victim screened in based on the belief of the hotline operator
- Victim did not screen in

- If victim screened in, state to the victim: **"Your answers to these questions indicate that you are in high danger. Women and/or children in your situation have been killed."**
- Turn sheet over and complete back of this form.

- Safety Plan with Victim:** What is the plan for safety in the next 24 hours? Consider where to go, what to take, who can help and immediate needs (children, medical, order of protection, 911 phone, pets, belongings, transportation, safe place to stay, etc.).
- Gun Safety Planning:** The following questions are helpful when safety planning around guns:

- a. Does the client know how to unload the gun? If not, suggest that the client ask the reporting officer to assist.
- b. Does the client know where the bullets are?
- c. Is there a gun lock that the client can use?
- d. Can the client hide the bullets and/or key to the gun lock?

Discuss ways with the client to buy time if they had to get away from their abuser.

Offer Services to Victim:

- Victim did not agree to access any services.
- Victim agreed to come in to shelter.
- Victim agreed to attend support group.
- Victim signed up for outreach counseling and/or outreach case management.
- Other: _____

When you have completed the call, please ensure that all of the following steps are completed:

- Complete this form in full.
- Turn in completed form with other paperwork.



Receipt of Documents Related to Client Rights

I acknowledge that I have received a copy of, and have been helped to understand, a written summary of the following:

- A description of client rights and responsibilities, including the organization’s obligations to each client.
- A description of the client confidentiality rights.
- Basic expectations for using the organization’s services.
- The hours that services are available.
- Hope House’s behavioral support management policy.
- Rules, expectations, and other factors that may lead to discharge or termination of services.
- A clear explanation of how to file complaints, grievances, or appeals.

Client Signature	Date
Witness Signature	Date

Court Program *BARB Intake*

Complete when meeting with a client

Advocate Name: _____

Date: _____

Time: _____ AM PM
(THIS IS THE TIME YOU ARRIVED TO CALLOUT)

How was client referred for services?

- Police Callout
- Police Revisit
- Self-Referral
- Previous Client
- Hotline
- Other _____

If Police callout during business hours or revisit, which department?

Client's Information

SS# _____ Birthdate _____

Female Adult Male Adult Other Adult _____

First Name _____ MI _____ Last Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

County _____ Phone _____ Message OK? Yes No

Email _____ Safe? Yes No Relationship to Abuser _____

Race/Ethn:

- Asian
- Black/African American
- Hispanic
- Multi-Racial (check one)
 - ____ Native American & White
 - ____ Asian & White
 - ____ Black/African American & White
 - ____ Native American & Black
 - ____ Other Multi-Racial
- Native American
- Other
- Pacific Islander
- Unknown
- White/Caucasian

Types of Abuse Experienced:

- Physical
- Sexual
- Financial
- Emotional/Psychological
- Other _____

Services Provided: *Write how much time you spent on each item in quarter-hour increments ONLY - .25, .50, .75, 1.00, etc. The total amount of time should reflect the time you spent with the client.*

- | | |
|--|--|
| <input type="radio"/> Non-Emergency Adult Ex-Parte _____ | <input type="radio"/> Police Revisit _____ |
| <input type="radio"/> Non-Emergency Child Ex-Parte _____ | <input type="radio"/> LAP Revisit _____ |
| <input type="radio"/> Emergency Adult Ex-Parte _____ | <input type="radio"/> LAP Appointment _____ |
| <input type="radio"/> Emergency Child Ex-Parte _____ | <input type="radio"/> Legal Referral Completed _____ |
| <input type="radio"/> Police Callout _____ | <input type="radio"/> Safety Planning _____ |
| <input type="radio"/> ACT Callout _____ | <input type="radio"/> Other _____ |

Where was client assisted? (HH, PD, Hospital, etc.) _____

Referrals:

- | | | |
|---|---|--|
| <input type="radio"/> Advocacy Organization | <input type="radio"/> DV Organization – Our Shelter | <input type="radio"/> Law Enforcement Agency |
| <input type="radio"/> Anger Control | <input type="radio"/> DV Organization – Support Group | <input type="radio"/> Legal Organization |
| <input type="radio"/> Banks/Financial Institution | <input type="radio"/> Educational Institution | <input type="radio"/> Mental Health |
| <input type="radio"/> Batterers' Intervention | <input type="radio"/> Elder Abuse | <input type="radio"/> Non-Governmental SS Agency |
| <input type="radio"/> Child Abuse | <input type="radio"/> Employment | <input type="radio"/> Parenting |
| <input type="radio"/> Child Care Provider | <input type="radio"/> Faith Based Services | <input type="radio"/> Physical Health |
| <input type="radio"/> Court | <input type="radio"/> Financial/Emergency Services | <input type="radio"/> Private Housing |
| <input type="radio"/> CVC | <input type="radio"/> Government Agency | <input type="radio"/> Probation/Parole |
| <input type="radio"/> DV Organization – Counseling | <input type="radio"/> Homeless Services | <input type="radio"/> Prosecutor's Office |
| <input type="radio"/> DV Organization – Other Shelter | <input type="radio"/> Job Training/Vocational | <input type="radio"/> Protection Order |

Referrals continued.....

- Public Housing
- Rape/Sexual Assault Services
- Real Estate Agents
- Substance Abuse
- Teen Resources
- Transportation
- Tribal Government Resources
- Unit of Local Government
- Stalking Log

Involvement with Children's Division?

- Involvement in the past? (Case Closed)
- Current Involvement (Open Case)
- Never had any involvement
- Unknown/Not Captured

Abuser's Information

SS# _____ Birthdate _____

First Name _____ MI _____ Last Name _____

Address Same as Client? Yes No

Address _____ Apt _____

City _____ State _____ Zip _____

County _____ Phone _____

Female Adult Female Child Male Adult Male Child

- Race/Ethn:**
- Asian
 - Black/African American
 - Hispanic
 - Multi-Racial (check one)
 - ____ Native American & White
 - ____ Asian & White
 - ____ Black/African American & White
 - ____ Native American & Black
 - ____ Other Multi-Racial
 - Native American
 - Other
 - Pacific Islander
 - Unknown
 - White/Caucasian

Child Information *Only complete the following information if meeting was child related (child ex-parte)*

SS# _____ Birthdate _____

Female Child Male Child Other Child _____

First Name _____ MI _____ Last Name _____

Address Same as Client? Yes No

Address _____ Apt _____

City _____ State _____ Zip _____

County _____ Phone _____

Relationship to Abuser _____

- Race/Ethn:**
- Asian
 - Black/African American
 - Hispanic
 - Multi-Racial (check one)
 - ____ Native American & White
 - ____ Asian & White
 - ____ Black/African American & White
 - ____ Native American & Black
 - ____ Other Multi-Racial
 - Native American
 - Other
 - Pacific Islander
 - Unknown
 - White/Caucasian

Types of Abuse Experienced:

- Physical
- Sexual
- Financial
- Emotional/Psychological
- Other _____

Support Service and Advocacy Survey

Advocate distributes at the time of the interaction/call-out, to be entered on Activity by the 10th of the following month.

Name: _____ Today's Date: _____

N/A Client did not complete survey

1. Because of the advocacy and support services I have received from this program so far, I feel I:

A. Know more ways to plan for my safety.

YES NO

B. Know more about community resources.

YES NO

C. Know more about how to manage the impact of domestic violence.

YES NO

2. Did you feel respected by the Advocate who helped you?

YES NO

Do you have any additional comments for us?

THANK YOU FOR YOUR FEEDBACK! 😊

STAFF ONLY		
1) Was this a Police Call Out? If Yes, what city?		
<input type="checkbox"/> ACT	<input type="checkbox"/> Blue Springs	<input type="checkbox"/> Buckner
<input type="checkbox"/> Grandview	<input type="checkbox"/> Grain Valley	<input type="checkbox"/> Greenwood
<input type="checkbox"/> Independence	<input type="checkbox"/> Jackson County	<input type="checkbox"/> Kansas City
<input type="checkbox"/> Lee's Summit	<input type="checkbox"/> Lone Jack	<input type="checkbox"/> Oak Grove
<input type="checkbox"/> Sugar Creek	<input type="checkbox"/> Other	
2) If <u>not</u> a Police Call Out, what city is the client from?		
<input type="checkbox"/> ACT	<input type="checkbox"/> Blue Springs	<input type="checkbox"/> Buckner
<input type="checkbox"/> Grandview	<input type="checkbox"/> Grain Valley	<input type="checkbox"/> Greenwood
<input type="checkbox"/> Independence	<input type="checkbox"/> Jackson County	<input type="checkbox"/> Kansas City
<input type="checkbox"/> Lee's Summit	<input type="checkbox"/> Lone Jack	<input type="checkbox"/> Oak Grove
<input type="checkbox"/> Sugar Creek	<input type="checkbox"/> Other	



 Hope House

COURT ADVOCACY PROGRAM

COURT ADVOCACY PROGRAM

- Focuses on keeping survivors safe and holding domestic violence offenders accountable.
- Services provided include crisis intervention, criminal court advocacy/accompaniment, civil legal advocacy/accompaniment, and individual advocacy.
- Partners with local law enforcement agencies and area courts to ensure there is a coordinated and comprehensive response to domestic violence in the community.
- Hope House anticipates grant funding will provide approximately 100 unduplicated survivors who reside in Lee's Summit with approximately 85 units of court advocacy services.

LETHALITY ASSESSMENT PROGRAM

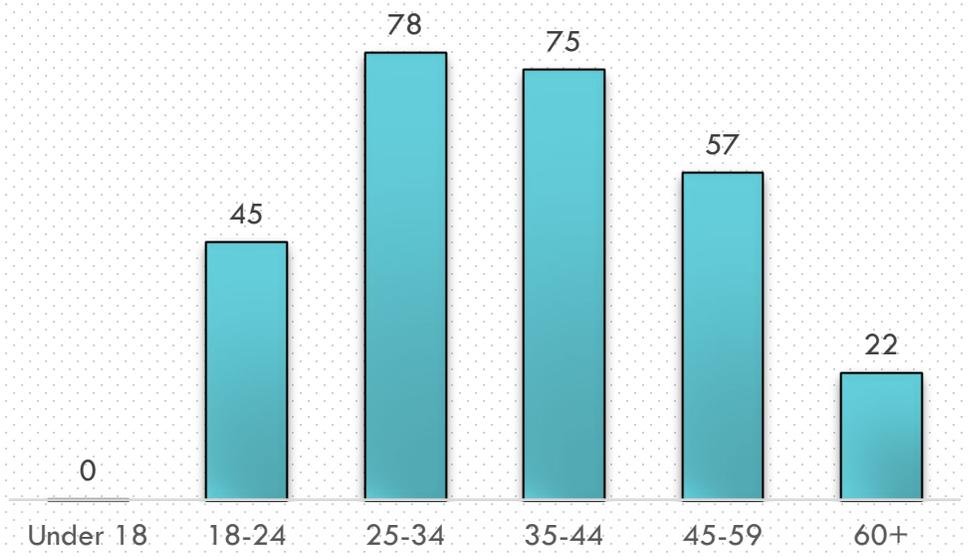
- Officers use a researched based tool to assess survivors' risk of lethality.
- Hope House partners with local police departments, including Lee's Summit to administer the program.
- In 2025, a total of 1,174 survivors were assessed; 83% screened as high lethality.
- For Lee's Summit, a total of 276 survivors were assessed in 2025; 63% screened as high lethality.

NUMBER SERVED & DEMOGRAPHICS

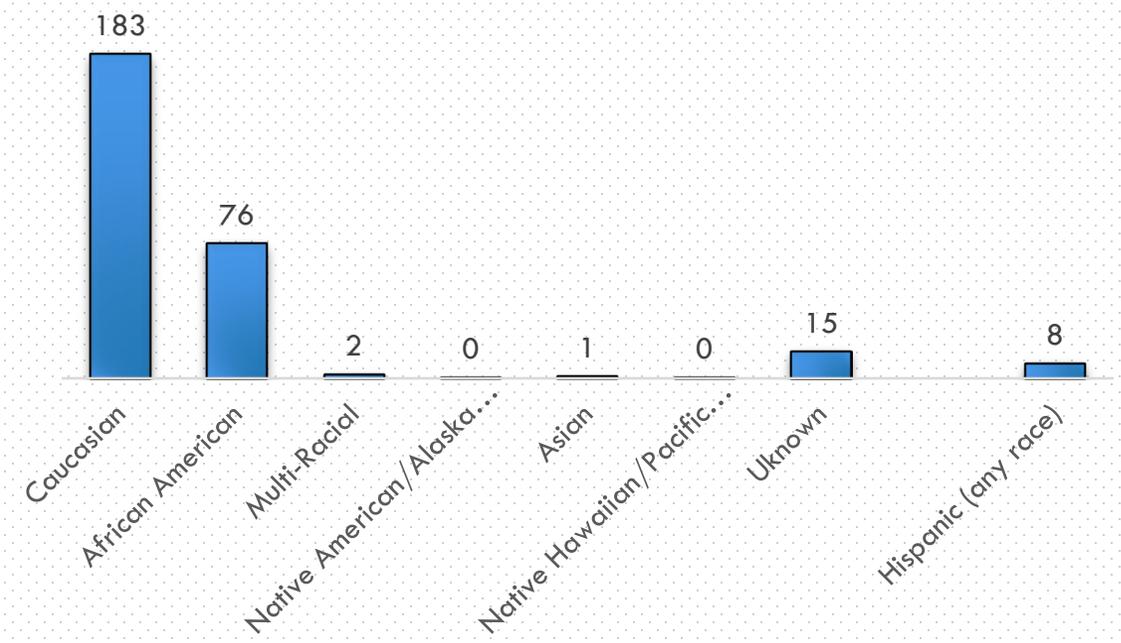
OVERALL LEE'S SUMMIT RESIDENTS (CY 2025)

Total Number of Survivors Served: 277
 Total Interventions: 1,137
 Total Hours of Service: 351.5

AGE



RACE/ETHNICITY



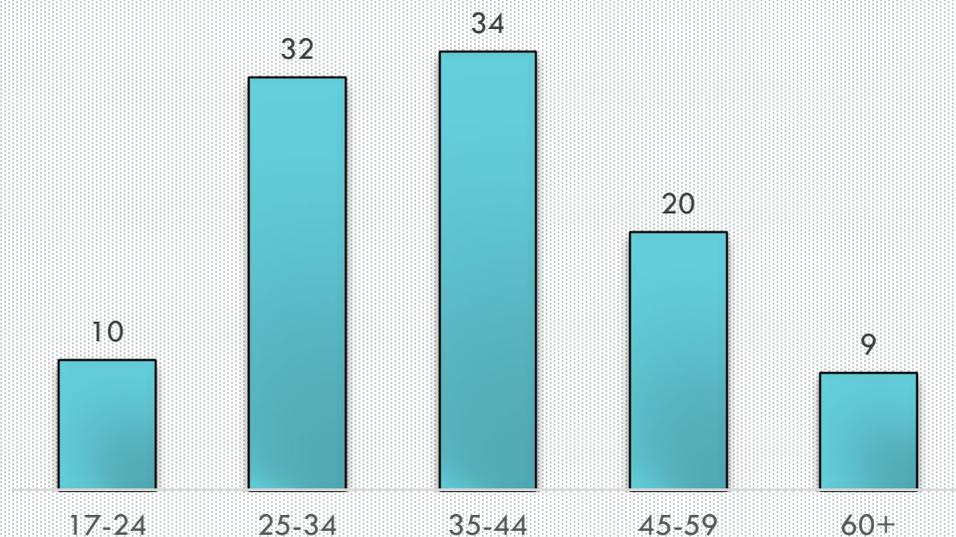
NUMBER SERVED & DEMOGRAPHICS CDBG FUNDED SERVICES (CY 2025)

Total Number of Survivors Served: 105

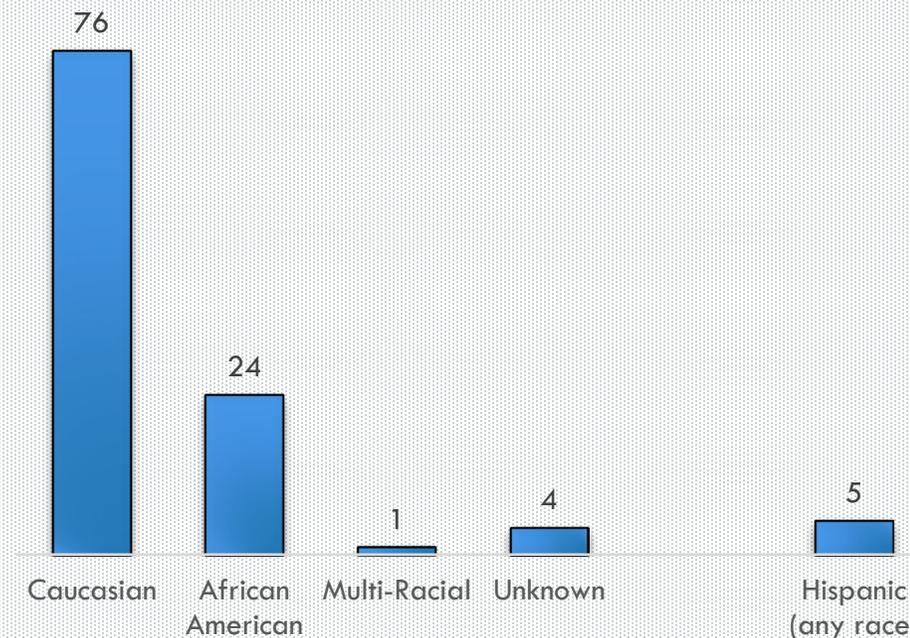
Total Interventions: 206

Total Hours of Service: 60

AGE



RACE/ETHNICITY



PROGRAM SUCCESS

- In 2025 survivors achieved the following outcomes:
 - 99% increased their strategies to enhance their safety;
 - 100% increased their knowledge of community resources;
 - 100% reported they understood their role in the court process; and
 - 100% reported feeling respected/supported by the Advocate who assisted them.

PROGRAM SUCCESS CONTINUED

- Megan (name changed for privacy and confidentiality purposes) was 18 weeks pregnant when her abuser hit her in the face. When she attempted to leave, her abuser broke her car window and got inside the car. Megan attempted to get out of the car, but her abuser grabbed her, began strangling her, and forced her to drive while holding a handgun in his lap.
- When they arrived back home, which was Megan's aunt's home, her abuser made her cover her face to hide her injuries and tell her family that she was sick due to pregnancy and was going to her room.
- Megan was able to contact police to report the assault. At that time, the officer completed a lethality assessment and connected Megan to Hope House's crisis hotline. Megan agreed to meet with a Court Advocate the next day.
- The Advocate met with Megan and offered additional support, including referrals for an order of protection, individual therapy, and support groups. Megan's abuser was arrested and charged for the assault.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2026-27**

All applications must be submitted by 5:00 p.m. February 6, 2026. Applications can be submitted electronically to Matthew.Younce@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Lee's Summit Social Services	Program/Project Title:	Operating Expenses
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	108 SE 4th Street, Lee's Summit, Mo 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	108 SE 4th Street	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, Missouri 64063	The Plan for 2026-27 is: (Check one)	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	80-5698255	Total Estimated Cost:	\$ 51,400.00
Total Organization Annual Budget in FY 2025-26:	\$ 474,600.00	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>2,500</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>2,500</u>. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>2,500</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2025-26:	(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) \$ 21,000.00	CDBG Funding Request for 2026-27	\$ 25,000.00
Executive Director:	Megan Salerno	In 2026, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input checked="" type="checkbox"/> With CDBG as a primary funding source <input type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T: 816-525-4357 E: 0105	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2025-26:	\$ 21,000.00		
Program Administrator/ Key Contact Person:	Megan Salerno		
Phone/ E-Mail:	T:816-525-4357 E: 0105		
Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

Development Services

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Lee's Summit Social Services (LSSS) provides critical emergency assistance and necessities to low-income, elderly, and/or disabled residents. By maintaining precise, unduplicated records, the agency ensures every individual served is accurately accounted for. The Community Development Block Grant (CDBG) is vital to these operations. Specifically, CDBG funds cover essential overhead costs, including utilities, insurance coverage, and vehicle expenses required for full-time facility operations. By reimbursing these fixed operational expenditures, the grant allows LSSS to redirect its core budget toward direct emergency assistance. This financial flexibility maximizes the agency's impact, ensuring that more resources reach the families who need them most.</p>
---	--

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes:</p> <p><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>Program Objectives:</p> <p><i>(Check closest one)</i></p>	<p><input type="checkbox"/> Improve housing opportunities by creating and preserving decent, safe, affordable rental and homeownership housing.</p> <p><input type="checkbox"/> Create a suitable living environment through infrastructure and public facility improvements.</p> <p><input checked="" type="checkbox"/> Provide public services to expand economic opportunity, improve health and safety, enhance food access, and provide other assistance for low- and moderate-income households</p> <p><input type="checkbox"/> Reduce and prevent homelessness in the city by providing needed housing and wrap-around services.</p>	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 (Lowest)</p>	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p><input checked="" 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 type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
		<p>Describe How Outcomes are Measured:</p>	<p>We measure our success by collecting data through client intakes conducted by our social worker and upload into the MAAC Software for reporting. This data provides us with valuable insights into the demographics of our clients, as well as the number and percentage of clients we have been able to assist. These reports demonstrate that LSSS has been effective in preventing homelessness, utility shutoffs, and hunger among our clients.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2025-26	\$21,000.00	Operating Expenses	Yes
2024-25	\$21,000.00	Operating Expenses	Yes
2023-24	\$20,470.00	Operating Expenses	Yes
2022-23	\$18,685.00	Operating Expenses	Yes

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



SECTION III --- Program Budget

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

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

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

FY 2026-27 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Utilities		\$ 21,000.00	\$10,500.00	\$	\$10,500.00	\$		\$		\$
Insurance		\$ 28,400.00	\$ 14,400.00	\$	\$14,000.00	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$ 2,000.00	\$1500.00	\$	\$ 500.00	\$		\$		\$
OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$51,400.00	\$ 26,400.00	\$	\$25,000.00	\$		\$		\$
<i>Notes</i>										



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Lee's Summit Social Services uses the MAAC intake form, which requires state and federal identification, all household members' names, dates of birth, social security numbers, income, and address verification. Budget workup is done by a social worker, and eligibility is determined by income guidelines and emergency needs. Assistance is given, and referrals are made as needed.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>						
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input type="checkbox"/> Full-time secretarial/clerical person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input checked="" type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>	<p>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Amount</th> <th style="width: 30%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$</td> <td></td> </tr> </tbody> </table>	Amount	Why	\$			
Amount	Why							
\$								
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Fee Type</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> No fee for participating in this program</p>	Fee Type	Amount				
Fee Type	Amount							
		<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Unit Type</th> <th style="width: 30%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p>Notes:</p>	Unit Type	Rate Per Unit		\$		\$
Unit Type	Rate Per Unit							
	\$							
	\$							
		<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p> <p><input type="checkbox"/> All expended before the end of 2026</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2027, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2027, 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.

I certify that my agency will comply with all applicable federal laws, regulations, and executive orders governing the use of CDBG funds, including the Housing and Community Development Act of 1974 and 24 CFR in its entirety. This agency will cooperate with the City and HUD in any monitoring, audits, or reviews, and agrees to defend the City in any internal agency review or proceeding, as well as in court, indemnify and hold harmless the City, its officials, employees, and agents from any concerns or instances of review of the grant or the subrecipients activities policies or corporate behavior as may be called into question under executive orders 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, 14218, Ending Taxpayer Subsidization of Open Borders, and any other executive order signed by the President since January 20, 2025, and any claims or liabilities arising from my agency's failure to comply with such laws, regulations, or requirements.

[Signature] Director of Emergency Services 2/5/2026
Signature – Person Completing the Application Title Date

[Signature] Executive Director 2/5/2026
Signature – President/CEO of the Agency Title Date

[Signature] Board President 2/5/2026
Signature – Board of Directors Chair/President Title Date



COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
<input type="checkbox"/>	Meeting the Lee's Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
<input type="checkbox"/>	Completed Application Form with all Blanks Filled Out and Signed
<input type="checkbox"/>	Documentation of 501(c) Status (Typically the Article of Incorporation)
<input type="checkbox"/>	A Copy of Your Agency's In-take Form (for the Program CDBG Funding is Sought)
<input type="checkbox"/>	Completed Registration at SAM.GOV and Have an Active DUNS #
<input type="checkbox"/>	(Optional but Recommended) Product/Project Specifications and/or Design



City of Lee's Summit CDBG Program

Activity and Eligibility Determination

2026-27

Agency Name Lee's Summit Social Services

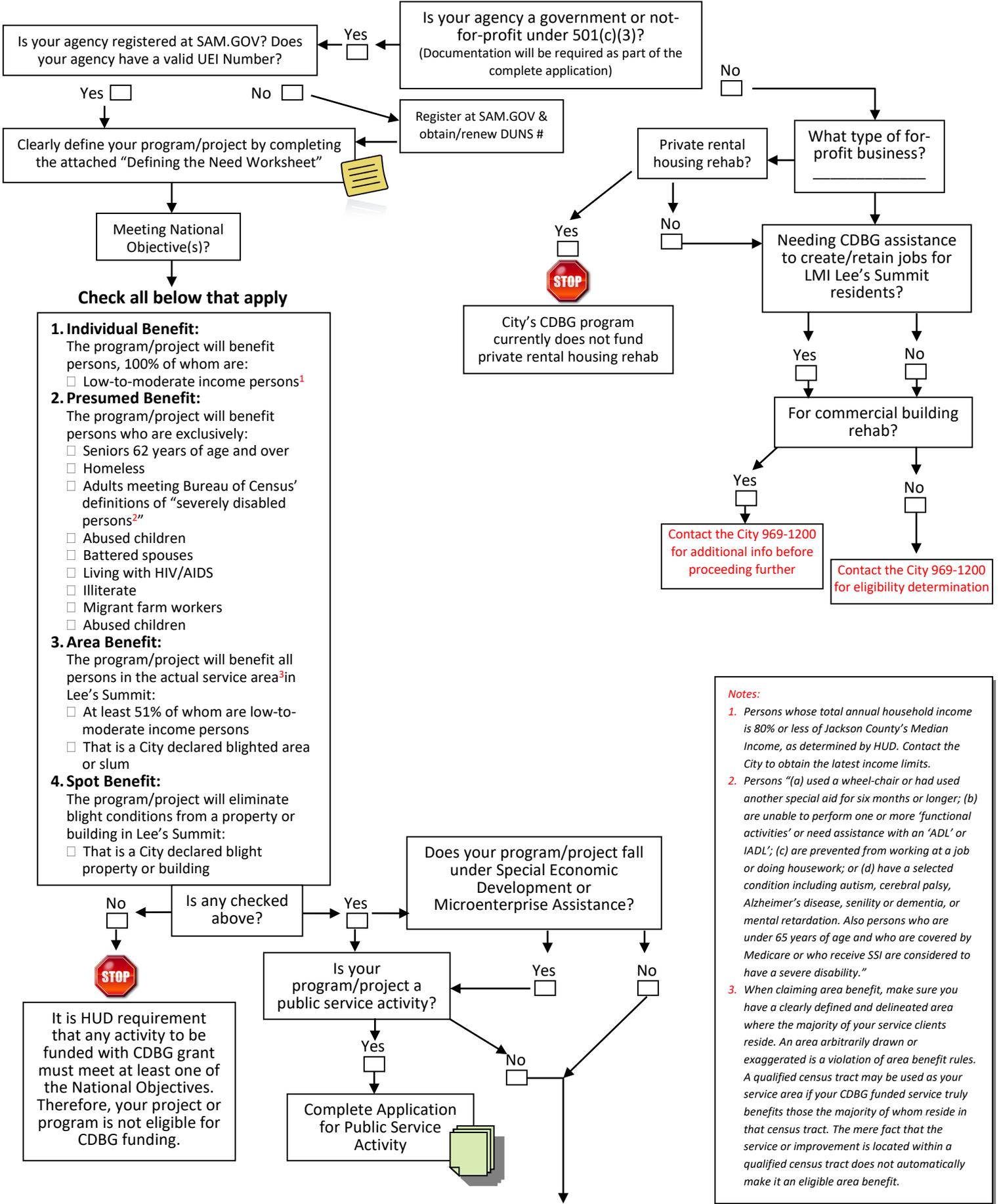
Name of the Program/Project Operating Expenses

Important Note: Lee's Summit CDBG grant program is designed to benefit Lee's Summit residents. If your agency is not located in Lee's Summit or if your agency does not provide the service out of a location in Lee's Summit, it can still be an eligible subrecipient if the service cost to be covered with Lee's Summit CDBG grant will benefit Lee's Summit residents.

**City of Lee's Summit CDBG Program
2026-27
Activity Type and Eligibility
Determination Chart**

START HERE AND CHECK APPROPRIATE BOXES

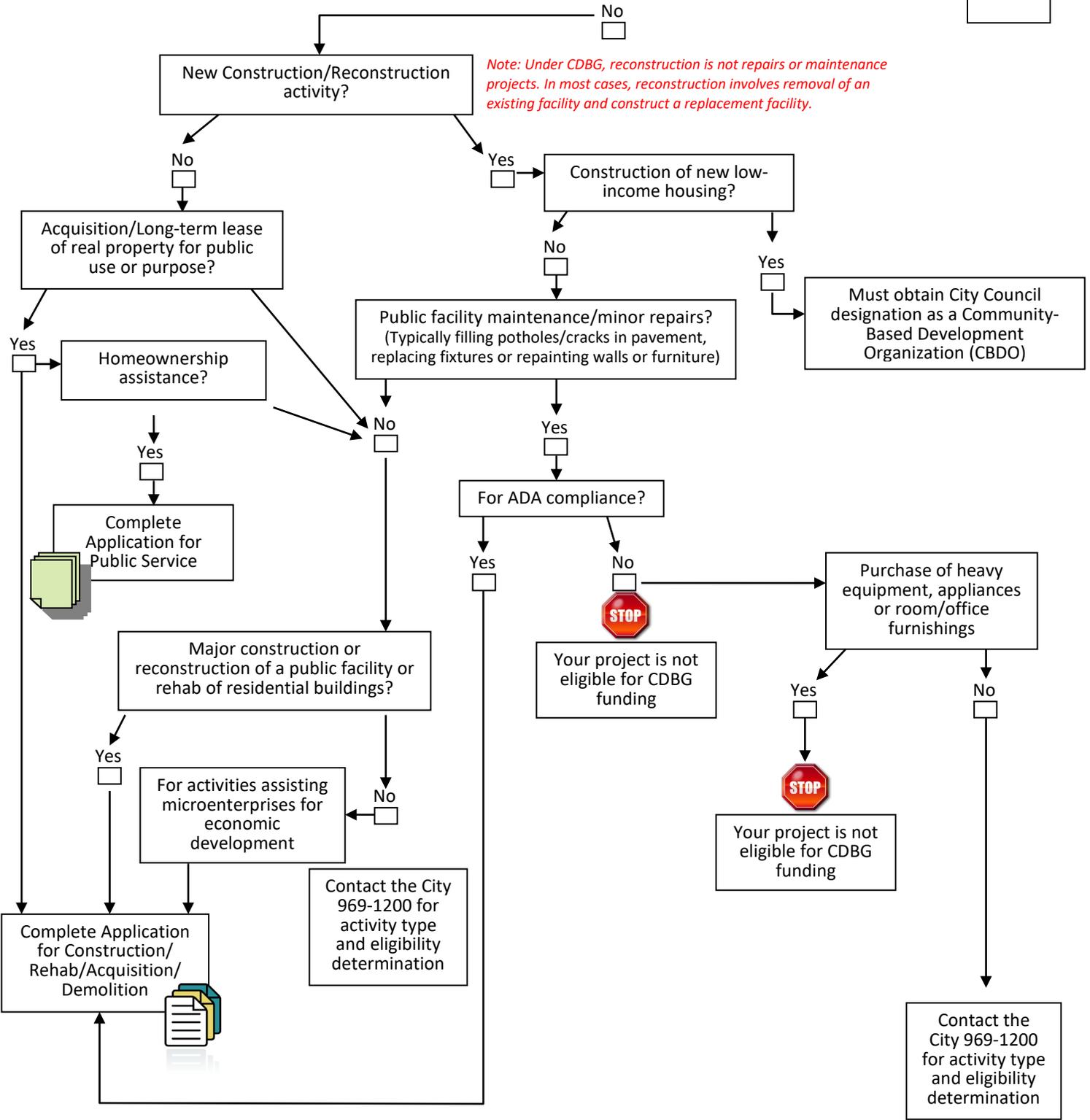
Agency Name _____



Notes:

- Persons whose total annual household income is 80% or less of Jackson County's Median Income, as determined by HUD. Contact the City to obtain the latest income limits.
- Persons "(a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more 'functional activities' or need assistance with an 'ADL' or 'IADL'; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation. Also persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability."
- When claiming area benefit, make sure you have a clearly defined and delineated area where the majority of your service clients reside. An area arbitrarily drawn or exaggerated is a violation of area benefit rules. A qualified census tract may be used as your service area if your CDBG funded service truly benefits those the majority of whom reside in that census tract. The mere fact that the service or improvement is located within a qualified census tract does not automatically make it an eligible area benefit.

Continue to the next page



Note: Under CDBG, reconstruction is not repairs or maintenance projects. In most cases, reconstruction involves removal of an existing facility and construct a replacement facility.

DEFINING THE NEED WORKSHEET

Agency Name Lee's Summit Social Services Program/Project Operating Expenses

City of Lee's Summit, Mo. Community Development Block Grant Program

Please complete this chart before you start completing the Application Form. For ease of use and better print result, this worksheet should be set to a page size of 11"X17". This form is available on City's website at <https://cityofls.net/development-services/community-development-block-grant> or may be obtained by emailing Matthew.Younce@cityofls.net.

[2] CAUSES OF THE NEED?
PROVIDE KNOWN/POSSIBLE CAUSES:
 Due to inflation and increased costs in the area, there is a greater need for direct assistance and basic necessities for low-income clients, elder and/or disabled individuals, and families experiencing food insecurity.

[3] WHAT IS THE MAGNITUDE OF THE NEED IN LEE'S SUMMIT?
PROVIDE QUANTITATIVE MEASURE:
 In 2025, we provided \$166,544 in direct assistance to our clients. We continue to see those still feeling the effects of the economy, and the increased number of clients has caused us to reduce assistance per client so that we can still help those coming in with emergency situations. We need to allocate as many resources as possible to the clients of this community to help them stay safe in their homes.

[4] WHOSE NEED IS IT?
IDENTIFY ALL WHO HAS THIS NEED (Do not limit to those you serve):
 Any persons who are working low to mid-income jobs, unhoused, and/or disabled.

[5] ARE THEY ELIGIBLE UNDER CDBG?
 Eligible persons include:
 Low-to-moderate income persons
 Limited Clientele (homeless, seniors, disabled adults, abused children, battered spouses, illiterate, person living with HIV/AIDS, migrant farm workers)
 All in the service area at least 51% of whom are LMI persons (determined by the Census Bureau or thru your own survey)

YES NO

[6] THOSE IN NEED YOUR AGENCY SERVES ARE PRIMARILY RESIDING (check one)
 In Lee's Summit
 In Jackson/Cass Counties
 KC Metro

[7] WHAT PROGRAM YOUR AGENCY OFFERS TO ADDRESS THIS PARTICULAR NEED?
NAME AND BRIEFLY DESCRIBE IT:
 The LSSS Emergency Assistance Program provides support to low-income families in various ways, including food assistance, help with paying utilities and rent, budgeting advice, medical aid, school supplies, and new clothing (such as shoes, jeans, tops, underwear, and socks) for school. Additionally, during the Christmas season, the program provides gifts, toys, and new clothing for the children of our clients.

[8] IN WHAT SPECIFIC FORM(S)?
 (Examples: Cash payment, free counseling, improving access to facility, discounted rent, low-cost meals, eliminating substandard living conditions, etc.)
NAME IT/THEM:
 Monthly access to our food pantry, daily access to our bread room, and yearly assistance with rent, small car repair, and/or utility funds.

[9] HOW HAS IT BEEN/WILL IT BE FINANCED?
IDENTIFY ALL KNOWN/POSSIBLE FUNDING SOURCES:
 General donations from the community.

[10] OTHER RESOURCES TO BE LEVERAGED?
IDENTIFY ALL GRANTS, CASH, CASH DONATION, IN-KIND DONATION, VOLUNTEERS, ETC:
 Fundraisers, volunteers, in-kind and cash donations.

[11] WHY IS CDBG FUNDING NEEDED?
 To close funding gap
 To free up an existing source
 To expand client base
 To match another funding
 As a contingency
 As a reimbursement for funds already expended
 Other _____

START HERE AND FOLLOW THE NUMBERS

[1] THE NEED
 (Focus on Clients' need, not Agency's. If you define it as agency need, explain how it is related to clients' need)
DEFINE IT:
 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 cases.

[12] WHAT OTHER AGENCIES OR PROGRAMS ADDRESS/WILL ADDRESS THE NEED?
IDENTIFY TO THE BEST OF YOUR KNOWLEDGE ALL THOSE THAT ARE AVAILABLE TO YOUR CLIENT BASE:
 Lee's Summit Social Services is our area's only full-service Emergency Assistance Program. Several churches assist on a limited basis with food and other needs but generally coordinate with our agency. The difference between the churches and our program is that the churches have no staff social worker to interview and properly assess the needs.

[13] BASED ON THE ABOVE ANALYSIS OF THE NEED AND AVAILABLE PROGRAMS, HOW MUCH CDBG FUNDS DOES YOUR PROGRAM REASONABLY NEED FOR THE UPCOMING PROGRAM YEAR?
 AMOUNT \$: 25,000.00

[14] HOW IS SUCCESS MEASURED AND IN WHAT WAY IS THE LEVEL OF FUNDING IMPACTING THE LEVEL OF SUCCESS?
DESCRIBE HOW:
 Outcomes are measured by reports from Mid America Assistance Coalition (MAACLink) data generated from information on client intakes by social workers. These reports measure the number and percentage of clients and the demographics.

[15] WHAT ARE THE POSSIBLE CONSEQUENCES IF NO CDBG FUNDS ARE GRANTED FOR THE UPCOMING PROGRAM YEAR?
LIST THOSE IN THE ORDER OF LEVELS OF SERIOUSNESS IN YOUR JUDGEMENT:
 Without CDBG funds assisting with operating expenses, our ability to serve our clients with necessary rent/utility assistance would be limited.

[16] YOUR AGENCY'S TOTAL ANNUAL BUDGET? (Do not include CDBG funds from Lee's Summit)
 AMOUNT \$: 474,600.00

[17] YOUR AGENCY'S ANTICIPATED TOTAL EXPENSES FOR THE NEXT PROGRAM YEAR TO BE COVERED BY FEDERAL FUNDS? (Include all)
 AMOUNT \$: 25,000.00

[18] IS YOUR AGENCY GOVERNED BY A BOARD OF DIRECTORS?
 YES NO

[19] DOES YOUR AGENCY MEET OMB CIRCULAR A-110 STANDARDS?
 YES NO



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
Program Year 2026-27

Agency Name Lee's Summit Social Services

Name of the Program/Project Operating Expenses

MEETING THE LEE'S SUMMIT CDBG 2025-2029 CONSOLIDATED PLAN GOALS CHECKLIST

CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS		
Need Category	Check All That Apply	Goals and Priority Needs
Affordable Housing	<input type="checkbox"/>	Improve Housing Access and Quality
Homeless	<input checked="" type="checkbox"/>	Provide Housing and Services for People Experiencing or At-Risk of Homelessness
Non-Housing Community Development	<input type="checkbox"/>	Improve Public Facilities and Infrastructure
Non-Homeless Special Needs	<input type="checkbox"/>	Provide Public Services
Non-Homeless Special Need, Non-Housing Community Development, Non-Affordable Housing, Non-Homeless	<input type="checkbox"/>	Planning and Administration
If None Above Applies, You May Check Here and Explain Your Program Objective.		

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

MID AMERICA ASSISTANCE COALITION STANDARD EMERGENCY ASSISTANCE INTAKE RECORD

1. AGENCY/CODE		3. NEW		4. LAST NAME		5. FIRST NAME		6. INITIAL		7. SOCIAL SECURITY NUMBER		8. BIRTH DATE		9. AGE		10. PHONE		11. DATE APPLICATION TAKEN		12. ETHNIC		13. SEX	
10. SPOUSE'S NAME		11. SOCIAL SECURITY NUMBER		12. BIRTH DATE		13. AGE		14. PHONE		15. ETHNIC		16. SEX		17. MAIDEN NAME									
13. STREET ADDRESS OR RFD #		14. APT. NO.		15. NO. IN HOUSEHOLD																			
16. CITY		17. COUNTY		18. STATE		19. ZIP CODE		20. HOW LONG?															

21. ADDITIONAL HOUSEHOLD MEMBERS				
Person	Soc. Sec. No.	Relation-ship	H	Birthdate/Age
1)				
2)				
3)				
4)				
5)				
6)				
7)				

PROGRAM (If Applicable)
 Case Management Frequent Recipient Veteran Other
 DFS/SRS Case Manager _____
 Other Case Manager _____

FOR AGENCY USE ONLY

Food Voucher # _____ Payee/Address _____
 Rent/Mortgage _____
 Utility Contact _____

BUDGET		
22. INCOME (GROSS)		
	Amount Per Month	TOTAL
H.O.H.	\$ _____	
Spouse	\$ _____	
Other	\$ _____	
Other	\$ _____	\$ _____
23. EXPENDITURES (ACTUAL)		
	Amount Per Month	Total
Rent/Mortgage	\$ _____	
Electricity	\$ _____	
Gas/Fuel	\$ _____	
Water	\$ _____	
Telephone	\$ _____	
Food (Excl. Food Stamps)	\$ _____	
Medical	\$ _____	
Transportation	\$ _____	
Credit Accounts	\$ _____	
Child Care	\$ _____	
Withholding Taxes	\$ _____	
Misc.	\$ _____	\$ _____
Difference between Income & Expenditures		\$ _____

DESCRIPTION OF REQUEST NEEDED

24. SUPPLEMENTAL BUDGET

Additional Resources: Food Stamps \$ _____ LIEAP \$ _____
 Check any that apply: Medicaid WIC Housing: Sec. 8 Public Homestead
 Past Due Expenditures

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

26. WHY HELP IS NEEDED (Check)

a. Unemployment <input type="checkbox"/>	e. Moving <input type="checkbox"/>
b. Income Inadequate <input type="checkbox"/>	f. Theft <input type="checkbox"/>
c. Illness/Death <input type="checkbox"/>	g. Family Disruption <input type="checkbox"/>
d. Eviction <input type="checkbox"/>	h. Homeless <input type="checkbox"/>
i. Other _____	

27. FUNDS USED:

Warmth & Light	\$ _____	FEMA	\$ _____
Dollar-Aide	\$ _____	JCEAP	\$ _____
Dollar-Aide Credits	\$ _____	Project Warmth	\$ _____
Energy Aid	\$ _____	NHN	\$ _____
ECIP	\$ _____	City	\$ _____
Other	\$ _____	County	\$ _____

25. ASSISTANCE GIVEN TODAY:

Food (In-Kind)	\$ _____	For _____ Days	Persons _____
Food Vouchers/Coupons	\$ _____	Commodities: Yes _____ No _____	
Rent/Mortgage	\$ _____		
Utility	\$ _____	Acct. # _____	
Utility	\$ _____	Acct. # _____	
Utility	\$ _____	Acct. # _____	
Clothing	\$ _____	# Items: _____	
Furniture	\$ _____	# Items: _____	
Transportation	\$ _____		
Medical	\$ _____		
Other, Childcare, Misc.	\$ _____		
TOTAL ASSISTANCE	\$ _____		

RELEASE OF INFORMATION/APPLICANT ATTESTATION:

I certify that the information I have provided above is true and correct. I consent to the release of pertinent information contained in the spaces above to concerned social service agencies, the Mid America Assistance Coalition and vendors as necessary to complete service to my household, or to provide statistics on emergency assistance or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to insure timely processing of this application.

X _____ Date _____
 Applicant's Signature

X _____ Date _____
 Interviewer's Signature

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: **NOV 04 1997**

Lees Summit Social Services
& Victor Curtis
108 SE 4th St.
Lees Summit, MO 64063-2728

Person to Contact:
Dottie Downing
Telephone Number:
513-241-5199
Fax Number:
513-684-5936
Federal Identification Number:
43-1604974

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1992 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Lees Summit Social Services
43-1604974

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2026-27**

All applications must be submitted by 5:00 p.m. February 6, 2026. Applications can be submitted electronically to Matthew.Younce@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Hillcrest Transitional Housing	Program/Project Title:	Transitional Housing Case Management
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	501 SW Mission Road; Lee's Summit, MO 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	501 SW Mission Road	Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2026-27 is: (Check one)	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	LCG3AYXMZ2C4	Total Estimated Cost:	\$250,000
Total Organization Annual Budget in FY 2025-26:	\$ 5,375,500	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>192</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>130</u>. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>128</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2025-26:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$ 0	CDBG Funding Request for 2026-27	\$25,000
Executive Director:	Barbara Fitzgerald	In 2026, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T:816-994-6934 E:bfitzgerald@hillcrestkc.org	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2025-26:	\$ 322,500		
Program Administrator/ Key Contact Person:	Lu Ann Ross		
Phone/ E-Mail:	T:816-994-6934 E:lross@hillcrestkc.org		
Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M Income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

Development Services

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Hillcrest Ministries of Mid-America, Inc. 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.</p>
---	---

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes:</p> <p><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>Program Objectives:</p> <p><i>(Check closest one)</i></p>	<p><input type="checkbox"/> Improve housing opportunities by creating and preserving decent, safe, affordable rental and homeownership housing.</p> <p><input checked="" type="checkbox"/> Create a suitable living environment through infrastructure and public facility improvements.</p> <p><input type="checkbox"/> Provide public services to expand economic opportunity, improve health and safety, enhance food access, and provide other assistance for low- and moderate-income households</p> <p><input type="checkbox"/> Reduce and prevent homelessness in the city by providing needed housing and wrap-around services.</p>	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 (Lowest)</p>	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p> <p><input type="checkbox"/> 100% or Close</p> <p><input 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>Describe How Outcomes are Measured:</p> <p>Using client pre and post program surveys and data tracked in the local Homeless Management Information System; program is evaluated on an ongoing basis, with input from clients, staff, and volunteers, to determine what works, what needs improvement, and any needed changes.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2025-26	\$15,000	Transitional Housing	Yes
2024-25	\$13,650	Transitional Housing	Yes
2023-24	\$13,650	Transitional Housing	Yes
2022-23	\$13,463	Transitional Housing	Yes

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



SECTION III --- Program Budget

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

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

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

FY 2026-27 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$ 100,000	\$ 75,000	\$	\$ 25,000	\$		\$		\$
Fringe Benefits		\$ 15,000	\$ 15,000	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$ 2,000	\$ 2,000	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$ 5,000	\$	\$	\$	\$		\$		\$ 5,000
OPERATING EXPENSES										
Utilities		\$ 55,000	\$ 30,000	\$	\$	\$		\$		\$ 25,000
Insurance		\$ 25,000	\$ 25,000	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$ 2000	\$	\$	\$	\$		\$		\$ 2,000
OTHERS										
Meals and Nutrition		\$ 5,000	\$	\$	\$	\$		\$		\$ 5,000
Rental Assistance		\$ 20,000	\$	\$	\$	\$		\$		\$ 20,000
Maintenance		\$ 32,000	\$ 22,000	\$	\$	\$		\$		\$ 10,000
Admin		\$ 5,000	\$	\$	\$	\$		\$		\$ 5,000
TOTALS		\$266,000	\$ 169,000	\$25,000	\$	\$		\$		\$ 72,000
Notes										



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

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

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

Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>	Hillcrest applicants must submit a written application in person or via the website. Applicants must then contact Hillcrest daily to express an ongoing interest in the program. Once a program unit is available, the applicant will be invited to 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.	Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year <input type="checkbox"/> Scale down the program resulting in less clients served <input checked="" 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				
Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	<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	Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 15,000</td> <td>Operating funds for staff members are critical to resident success and difficult to secure.</td> </tr> </tbody> </table>	Amount	Why	\$ 15,000	Operating funds for staff members are critical to resident success and difficult to secure.
Amount	Why						
\$ 15,000	Operating funds for staff members are critical to resident success and difficult to secure.						
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<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	Fee Schedule for this Program, if Fees are Charged for this Service:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Fee Type</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"><input checked="" type="checkbox"/> No fee for participating in this program</td> </tr> </tbody> </table>	Fee Type	Amount	<input checked="" type="checkbox"/> No fee for participating in this program	
Fee Type	Amount						
<input checked="" type="checkbox"/> No fee for participating in this program							
If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	_____ _____ _____	Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2026 <input checked="" type="checkbox"/> All expended by the end of June 2027, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2027, 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 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.

I certify that my agency will comply with all applicable federal laws, regulations, and executive orders governing the use of CDBG funds, including the Housing and Community Development Act of 1974 and 24 CFR in its entirety. This agency will cooperate with the City and HUD in any monitoring, audits, or reviews, and agrees to defend the City in any internal agency review or proceeding, as well as in court, indemnify and hold harmless the City, its officials, employees, and agents from any concerns or instances of review of the grant or the subrecipients activities policies or corporate behavior as may be called into question under executive orders 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, 14218, Ending Taxpayer Subsidization of Open Borders, and any other executive order signed by the President since January 20, 2025, and any claims or liabilities arising from my agency's failure to comply with such laws, regulations, or requirements.

 _____ Signature – Person Completing the Application	Chief Development Officer _____ Title	<u>2/6/26</u> _____ Date
 _____ Signature – President/CEO of the Agency	Chief Financial Officer _____ Title	<u>2/6/26</u> _____ Date
 _____ Signature – Board of Directors Chair/President	Board Chair _____ Title	<u>2-6-26</u> _____ Date



COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
<input checked="" type="checkbox"/>	Meeting the Lee's Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
<input checked="" type="checkbox"/>	Completed Application Form with all Blanks Filled Out and Signed
<input checked="" type="checkbox"/>	Documentation of 501(c) Status (Typically the Article of Incorporation)
<input checked="" type="checkbox"/>	A Copy of Your Agency's In-take Form (for the Program CDBG Funding is Sought)
<input checked="" type="checkbox"/>	Completed Registration at SAM.GOV and Have an Active DUNS #
<input type="checkbox"/>	(Optional but Recommended) Product/Project Specifications and/or Design



Hillcrest Transitional Housing
"Guiding Families to Self-Sufficiency"

Program Application

Hillcrest Sites

Independence Housing Site
401 N Spring Street
Independence, MO 64051
(816) 461-0468

Lee's Summit Housing Site
501 SW Mission Road
Lee's Summit, MO 64063
(816) 600-2681

**Kansas City, KS/Overland
Park, KS**
738 N 31st Street
Kansas City, KS 66102
(913) 400-2573

Thank you for your interest in Hillcrest Transitional Housing. Before you complete the application, please read the following information carefully.

What is Hillcrest Transitional Housing?

Hillcrest is a transitional housing program designed to provide rent & utility free temporary shelter & supportive services so that clients can save money, pay off bills, regain confidence, and then move into their own home. Required weekly classes teach families about budgeting, nutrition, and job skills.

Where is the Transitional Housing Program located?

The transitional housing program provides temporary private shelter in Independence, MO, Lee's Summit, MO, Kansas City, KS & Overland Park, KS.

What are the program units like?

This program provides apartment-style shelter units to each client family. These are NOT private rental apartments, and are not leased to clients. Most units have 1-2 bedrooms, with private kitchen & bath. Each shelter unit is furnished, including dishes, pots & pans, linens, etc., which remain in the unit at client exit. There is a client phone (local calls only), but phones are not always available for the individual shelter units. There are washers and dryers located at each site, but there is not storage space available.

What are the requirements for me to be involved with Hillcrest?

- All adults in the family must have a full-time job or be ready to actively seek employment.
- Adults will attend weekly sessions with counselors to work on budgeting, nutrition, and employment.
- Each client is expected to work hard at saving money and work at securing a permanent residence by the end the three-month program.
- Each client will help with apartment up-keep of the shelter hallways, laundry facilities, and yards.

How do I apply?

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 on a daily basis 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 will visit 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 will provide more details about the program. A decision will be made within 24 hours of the interview as to whether the program is a good fit for the applicant.

Please contact your local Hillcrest office to make an appointment to apply for the Transitional Housing Program.

Date of Application: _____

Follow Up Calls: _____

Applicant Name: _____

Co-Applicant (Spouse) Name: _____

Phone Number: _____

Where are you living right now? (circle one)

House/Apt. Friends Relatives Shelter Hotel Street Car Other: _____

Address: _____ City/State/Zip _____ Phone: _____

How long have you been staying there? _____ Ever Applied ___ OR Lived ___ at Hillcrest before?

Have you been asked to leave your current living situation? _____ Referred to Hillcrest by: _____

INCLUDING YOURSELF, List all who would be in the Transitional Housing Program:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Soc. Sec. #</u>	<u>Grade/School</u>	<u>Race</u>	<u>Hispanic? Yes/No</u>	<u>Type of Custody</u>

Anyone pregnant (who)? _____ Due Date _____

Bills and Debts: (complete the attached list and add any items not listed)

<u>Item</u>	<u>Amt Due</u>	<u>Mo. Pymnt</u>	<u>Past Due?</u>	<u>Item</u>	<u>Amt Due</u>	<u>Mo. Pymnt</u>	<u>Past Due?</u>
<u>Past Rent</u>	_____	_____	Yes / No	<u>Pawn Shop</u>	_____	_____	Yes / No
<u>Cable</u>	_____	_____	Yes / No	<u>Payday Loans</u>	_____	_____	Yes / No
<u>Electric</u>	_____	_____	Yes / No	<u>Tickets/Fines</u>	_____	_____	Yes / No
<u>Gas</u>	_____	_____	Yes / No	<u>Bankruptcy</u>	_____	_____	Yes / No
<u>Telephone</u>	_____	_____	Yes / No	<u>Credit Cards</u>	_____	_____	Yes / No
<u>Water</u>	_____	_____	Yes / No	<u>Storage</u>	_____	_____	Yes / No
<u>Student Loan</u>	_____	_____	Yes / No	<u>Childcare</u>	_____	_____	Yes / No
<u>Medical</u>	_____	_____	Yes / No	<u>Auto Payment</u>	_____	_____	Yes / No
<u>Clubs</u>	_____	_____	Yes / No	<u>Auto Insurance</u>	_____	_____	Yes / No
<u>Child Support</u>	_____	_____	Yes / No	<u>Title Loans</u>	_____	_____	Yes / No
<u>Repossessions</u>	_____	_____	Yes / No	<u>Cell / Pager</u>	_____	_____	Yes / No
<u>Bad Checks</u>	_____	_____	Yes / No	<u>Other</u>	_____	_____	Yes / No

Select the program site(s) you are interested in:

Missouri:

Independence ___ Lee's Summit ___

Kansas:

Kansas City ___ Overland Park ___

INCOME currently received from all sources: Job, Food Stamps, TANF, SSI, etc.:

If child support is owed to you, please list monthly/total amount owed.

<u>Source</u>	<u>Monthly Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Current Case Worker's Name? _____ Phone # _____

Name of Social Services Office: _____

Please explain briefly the reasons for your current situation: _____

Do you or any family members receive any medical or counseling services?

<u>Name</u>	<u>Problem</u>	<u>Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drivers License Number: _____ State: _____ Expiration: _____

Do you have a car? Yes ___ No ___ Year ___ Model _____ Insurance: Yes ___ No ___

Tag # _____ Current: Yes ___ No ___ State: _____ Current Inspection? Yes ___ No ___

References/Emergency Contact:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT PERSONAL HISTORY

Name: _____ Age: _____ SS# _____

Date of Birth: _____ Location of Birth: _____

Married ___ Single ___ Divorced ___ Separated ___ Widowed ___ Previous marriages? Yes ___ No ___

Race (circle): Caucasian African-American Native American Other: _____

Education level (circle): Grades 1-6 7 8 9 10 11 12 some college college degree

Circle school grade avg: A B C D F Name of School Year Graduated

High School/GED _____

College _____

Job History Information (Last 5 Years):

<u>Year</u>	<u>Company Name</u>	<u>Pay Rate</u>	<u>Duties</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family

<u>Parents Names</u>	<u>Address (city, state)</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

<u>Brothers/Sisters Names</u>	<u>Address (city, state)</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

Do you smoke? Yes ___ No ___ How much per day? _____

Do you use drugs or alcohol? Yes ___ No ___ Ever been in drug or alcohol rehabilitation? Yes ___ No ___

If yes, when _____ Name of abused substance _____ Facility _____

AA Participant? Yes ___ No ___ NA Participant? Yes ___ No ___

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes ___ No ___

What for? _____ Did you receive a fine/sentence? Yes ___ No ___

Have you been a battered person? Yes ___ No ___ When? _____

Have you served any time in jail? Yes ___ No ___ How long? _____

Do you have any pending tickets? (speeding, parking, etc.) Yes ___ No ___

What for? _____ When is your court date? _____

Are you on parole or probation at present? Yes ___ No ___ How long? _____

Parole/Probation officer _____ Phone # _____

Is there a warrant/s out for your arrest at present? Yes ___ No ___

Reason: _____

CO-APPLICANT PERSONAL HISTORY

Name: _____ Age: _____ SS# _____

Date of Birth: _____ Location of Birth: _____

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____ Previous marriages? Yes _____ No _____

Race (circle): Caucasian African-American Native American Other: _____

Education level (circle): Grades 1-6 7 8 9 10 11 12 some college college degree

Circle school grade avg: A B C D F Name of School Year Graduated

High School/GED _____

College _____

Job History Information (Last 5 Years):

<u>Year</u>	<u>Company Name</u>	<u>Pay Rate</u>	<u>Duties</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family

<u>Parents Names</u>	<u>Address (city, state)</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

<u>Brothers/Sisters Names</u>	<u>Address (city, state)</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

Do you smoke? Yes _____ No _____ How much per day? _____

Do you use drugs or alcohol? Yes _____ No _____ Ever been in drug or alcohol rehabilitation? Yes _____ No _____

If yes, when _____ Name of abused substance _____ Facility _____

AA Participant? Yes _____ No _____ NA Participant? Yes _____ No _____

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes _____ No _____

What for? _____ Did you receive a fine/sentence? Yes _____ No _____

Have you been a battered person? Yes _____ No _____ When? _____

Have you served any time in jail? Yes _____ No _____ How long? _____

Do you have any pending tickets? (speeding, parking, etc.) Yes _____ No _____

What for? _____ When is your court date? _____

Are you on parole or probation at present? Yes _____ No _____ How long? _____

Parole/Probation officer _____ Phone # _____

Is there a warrant/s out for your arrest at present? Yes _____ No _____

Reason: _____

Hillcrest Transitional Housing
Program Rules

The following rules of conduct shall be in effect while clients participate in the Hillcrest Transitional Housing program. Violation of any rule will, at the sole discretion of the Board or Staff, be cause for immediate dismissal from the program, causing forfeiture of shelter space & supportive services.

1. No illegal activity of any kind will be permitted
2. Use or possession of alcohol, firearms or illegal drugs is prohibited.
3. Curfew is 11:00 pm. This can only be waived for work schedules. Your Guests must be out of the shelter buildings by 10:00 pm. Quiet hours are: 10:00 pm through 7:00 am.
4. No overnight guests are allowed unless permission is obtained through a staff member.
5. Children under the age of 13 must be attended by an approved adult at all times.
6. Children must be enrolled in the school district nearest Hillcrest or in the district your family originates from. They must attend school everyday required.
7. No fighting of any kind will be tolerated.
8. No pets of any kind will be allowed.
9. Smoking is **NOT** permitted inside the shelter units, buildings, or offices.
10. Clients must keep shelter units & common areas clean and neat.
11. All adults in the Hillcrest program are expected to work at least 40 hours per week.
12. All adults must attend scheduled meetings & appointments.
13. A \$100 program deposit will be taken at time of shelter entry, or at time of first paycheck, to cover costs of cleaning, damages, or non-completion of program.

I have read and understand that if I violate any one of these rules I may be dismissed from the Hillcrest program. I agree to hold Hillcrest Transitional Housing and/or any other parties associated with this program in any way whatsoever, singly, or collectively, from any blame or liability for injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in this program or in activities associated therewith. I give permission for information to be released about me and my children, by or to any doctor, social worker, counselor, employer, landlord, shelter, agency, including Mid America Assistance Coalition & Rosie HMIS databases, or any other person deemed necessary by Hillcrest Transitional Housing. I agree that my acceptance into the Hillcrest Transitional Housing Program is not a rental agreement, and that this is not a landlord/tenant agreement, but an application for temporary homeless shelter & supportive services provided by the Hillcrest program.

Signature

Date

Signature

Date



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2026-27

Agency Name Hillcrest Transitional Housing

Name of the Program/Project Transitional Housing

MEETING THE LEE'S SUMMIT CDBG 2025-2029 CONSOLIDATED PLAN GOALS CHECKLIST

Table with 3 columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Affordable Housing, Homeless, Non-Housing Community Development, Non-Homeless Special Needs, and a combined category for Planning and Administration.

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



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550286
July 23, 2013 LTR 4168C 0
20-3093292 000000 00

00031594

BODC: TE

HILLCREST MINISTRIES OF MIDAMERICA
INC
PO BOX 901924
KANSAS CITY MO 64190



020316

Employer Identification Number: 20-3093292
Person to Contact: Vaida Singleton
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 09, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 2008.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(3).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077550286
July 23, 2013 LTR 4168C 0
20-3093292 000000 00
00031595

HILLCREST MINISTRIES OF MIDAMERICA
INC
PO BOX 901924
KANSAS CITY MO 64190

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Thomas

Cindy Thomas
Manager, EO Determinations



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2026-27**

All applications must be submitted by 5:00 p.m. February 6, 2026. Applications can be submitted electronically to Matthew.Younce@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Essential Families	Program/Project Title:	Economic Mobility Program
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	2409 Prospect Ave., ste 413, Kansas City, MO, 64127	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
City/State/Zip:	Kansas City, MO, 64127	The Plan for 2026-27 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	117675562 Q87UEMMXPA83	Total Estimated Cost:	\$8,685,732
Total Organization Annual Budget in FY 2025-26:	\$ 259,000	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) <u>2_0</u>. If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>3_6_0_1.05</u> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) <u>0</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2025-26:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$	CDBG Funding Request for 2026-27	\$75,000
Executive Director:	Terri English-Yancy	In 2026, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input checked="" type="checkbox"/> With CDBG as a primary funding source <input type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T: 816-816-4140 E: Terri@efamilies.org	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No		
Total Annual Federal Grants in FY 2025-26:	\$ 250,000		
Program Administrator/ Key Contact Person:	Maria Pascual		
Phone/ E-Mail:	T: 8164084948 E: Grants@efamilies.org		
Client Eligibility by CDBG Definition: (Check one)	100% L/M Income Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <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		

Development Services

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>The Essential Families Economic Mobility Program delivers comprehensive, coordinated support through a single entry point where Lee's Summit families access multiple services seamlessly. The program provides 24/7 virtual healthcare through Essential Telehealth, evidence-based parenting education, digital equity support including devices and internet access, coordinated community resource referrals, financial coaching, and round-the-clock crisis intervention services. Services are completely free, eliminating financial barriers through integrated case management. This CDBG funding will enable Essential Families to serve 20 Lee's Summit low-to-moderate income families currently on our waitlist, providing them with coordinated access to telehealth, parenting support, digital devices with connectivity, financial literacy coaching, and warm-handoff referrals to community resources, removing obstacles to healthcare, education, and employment that perpetuate poverty cycles.</p>
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SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p style="margin-left: 20px;">Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">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 style="margin-left: 20px;">None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes:</p> <p><i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p>Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p>Sustainability (Making the community or neighborhood more viable)</p>
<p>Program Objectives:</p> <p><i>(Check closest one)</i></p>	<p>Improve housing opportunities by creating and preserving decent, safe, affordable rental and homeownership housing.</p> <p>Create a suitable living environment through infrastructure and public facility improvements.</p> <p><input checked="" type="checkbox"/> Provide public services to expand economic opportunity, improve health and safety, enhance food access, and provide other assistance for low- and moderate-income households</p> <p>Reduce and prevent homelessness in the city by providing needed housing and wrap-around services.</p>	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p>Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p>Not Sure</p>
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p>2</p> <p>3</p> <p>4 (Lowest)</p>	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p>100% or Close</p> <p>About 70-90%</p> <p>About 50-70%</p> <p>Less Than 50%</p> <p>Less Than 25%</p> <p><input checked="" type="checkbox"/> Less Than 5%</p>
		<p>Describe How Outcomes are Measured:</p>	<p>Success metrics include enrolling 20 Lee's Summit LMI families with 80+ annual telehealth visits, tracking employment, education, housing stability, health coverage, and digital equity achievements. The program measures parent education completion, quarterly financial improvements, reduced ER use, and satisfaction scores.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2025-26	\$0	Essential Families Economic Mobility Program	N/A - New Program
2024-25	\$0	Essential Families Economic Mobility Program	N/A - New Program
2023-24	\$0	Essential Families Economic Mobility Program	N/A - New Program
2022-23	\$0	Essential Families Economic Mobility Program	N/A - New Program

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



SECTION III --- Program Budget

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

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

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

FY 2026-27 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$ 8,549	\$ 0	\$ 0	\$ 8,549	\$ 0		\$ 0		\$ 0
Fringe Benefits		\$ 2,850	\$ 0	\$ 0	\$ 2,850	\$ 0		\$ 0		\$ 0
BIG-TICKET EQUIPMENT										
Computers		\$ 0	\$ 9,960	\$ 0	\$ 9,960	\$ 0		\$ 0		\$ 0
Appliances		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
Motorized Vehicle		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
OFFICE SUPPLIES										
General Office Supplies		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$ 0	\$ 0	\$ 0	\$ 1,313	\$ 0		\$ 0		\$ 0
OPERATING EXPENSES										
Utilities		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
Insurance		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
Legal Services		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
Transportation Related		\$ 0	\$ 0	\$ 0	\$ 11,400	\$ 0		\$ 0		\$ 0
OTHERS										
Meals and Nutrition		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
Rental Assistance		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
Essential Wraparound Services		\$ 0	\$ 0	\$ 0	\$ 40,928	\$ 0		\$ 0		\$ 0
		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0
TOTALS		\$ 0	\$ 0	\$ 0	\$ 75,000	\$ 0		\$ 0		\$ 0
Notes										



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Essential Families conducts comprehensive intake assessments, collecting income documentation (pay stubs, tax returns, benefit letters) to verify LMI status at below 80% of Jackson County median income (\$53,742). Our intake documents family composition, children ages 0-18, employment, housing, healthcare access, digital access, and crisis needs. Documentation is maintained in secured files following HUD CDBG eligibility guidelines.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p>Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p>Make changes to the program without reducing the number of clients served</p> <p>Make up the differences with other funds available to my agency</p> <p>No sure what we can do with that amount</p>						
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<ul style="list-style-type: none"> <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>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 36,000</td> <td>The Essential Families Economic Mobility Program operates on a proven cost model of \$3601.05 per family for services that achieve measurable upward mobility outcomes</td> </tr> </tbody> </table>	Amount	Why	\$ 36,000	The Essential Families Economic Mobility Program operates on a proven cost model of \$3601.05 per family for services that achieve measurable upward mobility outcomes		
Amount	Why								
\$ 36,000	The Essential Families Economic Mobility Program operates on a proven cost model of \$3601.05 per family for services that achieve measurable upward mobility outcomes								
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<ul style="list-style-type: none"> <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 <p>Do not and will not be able to meet HUD's requirements due to -</p> <p>_____</p> <p>_____</p> <p>Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Type</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"><input checked="" type="checkbox"/> No fee for participating in this program</td> </tr> </tbody> </table>	Fee Type	Amount	<input checked="" type="checkbox"/> No fee for participating in this program			
Fee Type	Amount								
<input checked="" type="checkbox"/> No fee for participating in this program									
<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Unit Type</th> <th style="width: 50%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td>Digital Case Manager - Salary</td> <td style="text-align: center;">\$ 427.45 per enrolled family</td> </tr> <tr> <td>Digital Case Manager - Fringe Benefits</td> <td style="text-align: center;">\$ 142.50 per enrolled family</td> </tr> </tbody> </table> <p>Notes:</p>	Unit Type	Rate Per Unit	Digital Case Manager - Salary	\$ 427.45 per enrolled family	Digital Case Manager - Fringe Benefits	\$ 142.50 per enrolled family	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p>	<p>All expended before the end of 2026</p> <p>All expended by the end of June 2027, but expenditures will be evenly distributed to each quarter</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2027, but the amount of expenditure will vary quarterly depending on demand for service</p> <p>Not sure how soon and how quickly these funds may be expended</p>
Unit Type	Rate Per Unit								
Digital Case Manager - Salary	\$ 427.45 per enrolled family								
Digital Case Manager - Fringe Benefits	\$ 142.50 per enrolled family								

SECTION V ---Certifications

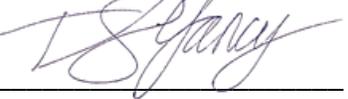
Please print clearly and make sure all blanks are completed unless instructed otherwise.

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.

Essential Families (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.

I certify that my agency will comply with all applicable federal laws, regulations, and executive orders governing the use of CDBG funds, including the Housing and Community Development Act of 1974 and 24 CFR in its entirety. This agency will cooperate with the City and HUD in any monitoring, audits, or reviews, and agrees to defend the City in any internal agency review or proceeding, as well as in court, indemnify and hold harmless the City, its officials, employees, and agents from any concerns or instances of review of the grant or the subrecipients activities policies or corporate behavior as may be called into question under executive orders 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, 14218, Ending Taxpayer Subsidization of Open Borders, and any other executive order signed by the President since January 20, 2025, and any claims or liabilities arising from my agency’s failure to comply with such laws, regulations, or requirements.

<u>Maria Pascual</u>		<u>Director, Grants Development</u>		<u>February 2, 2026</u>
Signature – Person Completing the Application		Title		Date
<u>Terri English-Yancy</u>		<u>Founder and CEO</u>		<u>February 2, 2026</u>
Signature – President/CEO of the Agency		Title		Date
<u>Terri English-Yancy</u>		<u>Founder and CEO</u>		<u>February 2, 2026</u>
Signature – Board of Directors Chair/President		Title		Date



COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
	Meeting the Lee’s Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
	Completed Application Form with all Blanks Filled Out and Signed
	Documentation of 501(c) Status (Typically the Article of Incorporation)
	A Copy of Your Agency’s In-take Form (for the Program CDBG Funding is Sought)
	Completed Registration at SAM.GOV and Have an Active DUNS #
To follow	(Optional but Recommended) Product/Project Specifications and/or Design





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

Agency Name Essential Families

Name of the Program/Project Economic Mobility Program

MEETING THE LEE'S SUMMIT CDBG 2025-2029 CONSOLIDATED PLAN GOALS CHECKLIST

CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS		
Need Category	Check All That Apply	Goals and Priority Needs
Affordable Housing	<input type="checkbox"/>	Improve Housing Access and Quality
Homeless	<input checked="" type="checkbox"/>	Provide Housing and Services for People Experiencing or At-Risk of Homelessness
Non-Housing Community Development	<input type="checkbox"/>	Improve Public Facilities and Infrastructure
Non-Homeless Special Needs	<input checked="" type="checkbox"/>	Provide Public Services
Non-Homeless Special Need, Non-Housing Community Development, Non-Affordable Housing, Non-Homeless	<input type="checkbox"/>	Planning and Administration
If None Above Applies, You May Check Here and Explain Your Program Objective.	<input type="checkbox"/>	

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

DEFINING THE NEED WORKSHEET

Agency Name Essential Families Program/Project Economic Mobility Program

City of Lee's Summit, Mo. Community Development Block Grant Program

Please complete this chart before you start completing the Application Form. For ease of use and better print result, this worksheet should be set to a page size of 11"x17". This form is available on City's website at <https://cityofls.net/development-services/community-development-block-grant> or may be obtained by emailing Matthew.Younce@cityofls.net.

[2] CAUSES OF THE NEED?
 PROVIDE KNOWN/POSSIBLE CAUSES:
 Families facing economic hardship struggle to achieve stability due to a fragmented social service system requiring navigation of multiple agencies without case management coordination. The digital divide, inadequate transportation, insufficient childcare, and limited healthcare access prevent workforce participation, while families lack financial education, 24/7 emergency support, and face discrimination, language barriers, and complex eligibility rules blocking access to needed services.

[3] WHAT IS THE MAGNITUDE OF THE NEED IN LEE'S SUMMIT?
 PROVIDE QUANTITATIVE MEASURE:
 In Lee's Summit, approximately 8,471 households (25.5% of the city's total) qualify as low-to-moderate income, with 13% struggling with housing cost burden. Essential Families currently serves 1,060 families but maintains a waitlist of 2,932 families seeking Economic Mobility Program services. This demonstrated demand of nearly 4,000 families represents only Lee's Summit residents, indicating the total regional need is significantly higher.

[4] WHOSE NEED IS IT?
 IDENTIFY ALL WHO HAS THIS NEED (Do not limit to those you serve): The program serves low-to-moderate income families with children 0-18 earning below 80% of Jackson County median income, including single-parent households, working families unable to achieve self-sufficiency, and families experiencing crises such as job loss, medical emergencies, or housing instability.

[5] ARE THEY ELIGIBLE UNDER CDBG? YES NO
 Eligible persons include:
 Low-to-moderate income persons
 Limited Clientele (homeless, seniors, disabled adults, abused children, battered spouses, illiterate, person living with HIV/AIDS, migrant farm workers)
 All in the service area at least 51% of whom are LMI persons (determined by the Census Bureau or thru your own survey)

[6] THOSE IN NEED YOUR AGENCY SERVES ARE PRIMARILY RESIDING (check one)
 In Lee's Summit
 In Jackson/Cass Counties
 KC Metro

[7] WHAT PROGRAM YOUR AGENCY OFFERS TO ADDRESS THIS PARTICULAR NEED?
 NAME AND BRIEFLY DESCRIBE IT:
 Th Essential Families Economic Mobility Program delivers comprehensive, coordinated support through a single entry point, functioning as an integrated hub where families access multiple services seamlessly. The program provides 24/7 virtual healthcare through Essential Telehealth, evidence-based parenting education, digital equity support including devices and internet access, coordinated community resource referrals, financial coaching, and round-the-clock crisis intervention services.

[8] IN WHAT SPECIFIC FORM(S)?
 (Examples: Cash payment, free counseling, improving access to facility, discounted rent, low-cost meals, eliminating substandard living conditions, etc.)
 NAME IT/THEM:
 The program provides free comprehensive case management, 24/7 telehealth services, parenting education, crisis intervention, and coordinated community referrals. Qualifying families receive free digital devices with internet connectivity and financial coaching, eliminating barriers to healthcare, education, and employment through integrated service access.

[9] HOW HAS IT BEEN/WILL IT BE FINANCED?
 IDENTIFY ALL KNOWN/POSSIBLE FUNDING SOURCES:
 - Shumaker Family Foundation
 - REACH Health Care Foundation
 - Jackson County Arpa
 - City of Kansas City Digital Equity

[10] OTHER RESOURCES TO BE LEVERAGED?
 IDENTIFY ALL GRANTS, CASH, CASH DONATION, IN-KIND DONATION, VOLUNTEERS, ETC:
 - Shumaker Family Foundation
 - REACH Health Care Foundation
 - Jackson County Arpa
 - City of Kansas City Digital Equity

[11] WHY IS CDBG FUNDING NEEDED?
 To close funding gap
 To free up an existing source
 To expand client base
 To match another funding
 As a contingency
 As a reimbursement for funds already expended
 Other To serve the 1952 families currently on the waitlist

START HERE AND FOLLOW THE NUMBERS

[1] THE NEED
 (Focus on Clients' need, not Agency's. If you define it as agency need, explain how it is related to clients' need)
 DEFINE IT:
 Low-to-moderate income families in Lee's Summit lack access to coordinated support services, resources, and guidance needed to achieve economic self-sufficiency and upward mobility. These families face barriers including limited financial literacy, lack of digital access, insufficient healthcare access, inadequate parenting support, and difficulty navigating available community resources—all of which prevent them from breaking the cycle of poverty and achieving stable economic independence.

[12] WHAT OTHER AGENCIES OR PROGRAMS ADDRESS/WILL ADDRESS THE NEED?
 IDENTIFY TO THE BEST OF YOUR KNOWLEDGE ALL THOSE THAT ARE AVAILABLE TO YOUR CLIENT BASE:
 Several agencies in Lee's summit and greater Kansas City serve low to moderate income families, though none provide Essential Families' comprehensive model. Lee's Summit Social Services offers emergency agency assistance, United Way 211 connects families to resources, and Missouri Department of Social Services administers SNAP and Medicaid. The Full Employment Council provides job training, while telehealth providers require insurance or fees. Essential families uniquely delivers 24/7 free crisis intervention and integrated case management coordinating telehealth, parenting education, digital equity, and financial coaching through one entry point. The organization provides devices, internet, services, and evidence-based outcome tracking while collaborating with agencies through warm-handoff referrals.

[13] BASED ON THE ABOVE ANALYSIS OF THE NEED AND AVAILABLE PROGRAMS, HOW MUCH CDBG FUNDS DOES YOUR PROGRAM REASONABLY NEED FOR THE UPCOMING PROGRAM YEAR?
 AMOUNT \$: \$75,000

[14] HOW IS SUCCESS MEASURED AND IN WHAT WAY IS THE LEVEL OF FUNDING IMPACTING THE LEVEL OF SUCCESS?
 DESCRIBE HOW:
 Success metrics include enrolling 20 Lee's Summit LMI families with 80+ annual telehealth visits, tracking families achieving employment, education, housing stability, health insurance coverage, and digital equity. The program measures parents completing education programs, quarterly financial stability improvements, reduced emergency room utilization, and family satisfaction scores.

[15] WHAT ARE THE POSSIBLE CONSEQUENCES IF NO CDBG FUNDS ARE GRANTED FOR THE UPCOMING PROGRAM YEAR?
 LIST THOSE IN THE ORDER OF LEVELS OF SERIOUSNESS IN YOUR JUDGEMENT:
 1. 150 Lee's Summit LMI families will remain without coordinated services, perpetuating poverty cycles
 2. Families will continue navigating fragmented care across multiple agencies with significant gaps
 3. Without 24/7 telehealth, families will rely on emergency rooms for preventable care
 4. 30+ families will lack digital access to education, telehealth, and job opportunities
 5. Essential Families must reduce service quality or redirect resources from other programs
 6. Continued dependency on emergency services, schools, and public support programs

[16] YOUR AGENCY'S TOTAL ANNUAL BUDGET? (Do not include CDBG funds from Lee's Summit)
 AMOUNT \$: \$259,000

[17] YOUR AGENCY'S ANTICIPATED TOTAL EXPENSES FOR THE NEXT PROGRAM YEAR TO BE COVERED BY FEDERAL FUNDS? (Include all)
 AMOUNT \$: \$259,000

[18] IS YOUR AGENCY GOVERNED BY A BOARD OF DIRECTORS? YES NO

[19] DOES YOUR AGENCY MEET OMB CIRCULAR A-110 STANDARDS? YES NO

City of Lee's Summit CDBG Program

Activity and Eligibility Determination

2026-27

Agency Name Essential Families

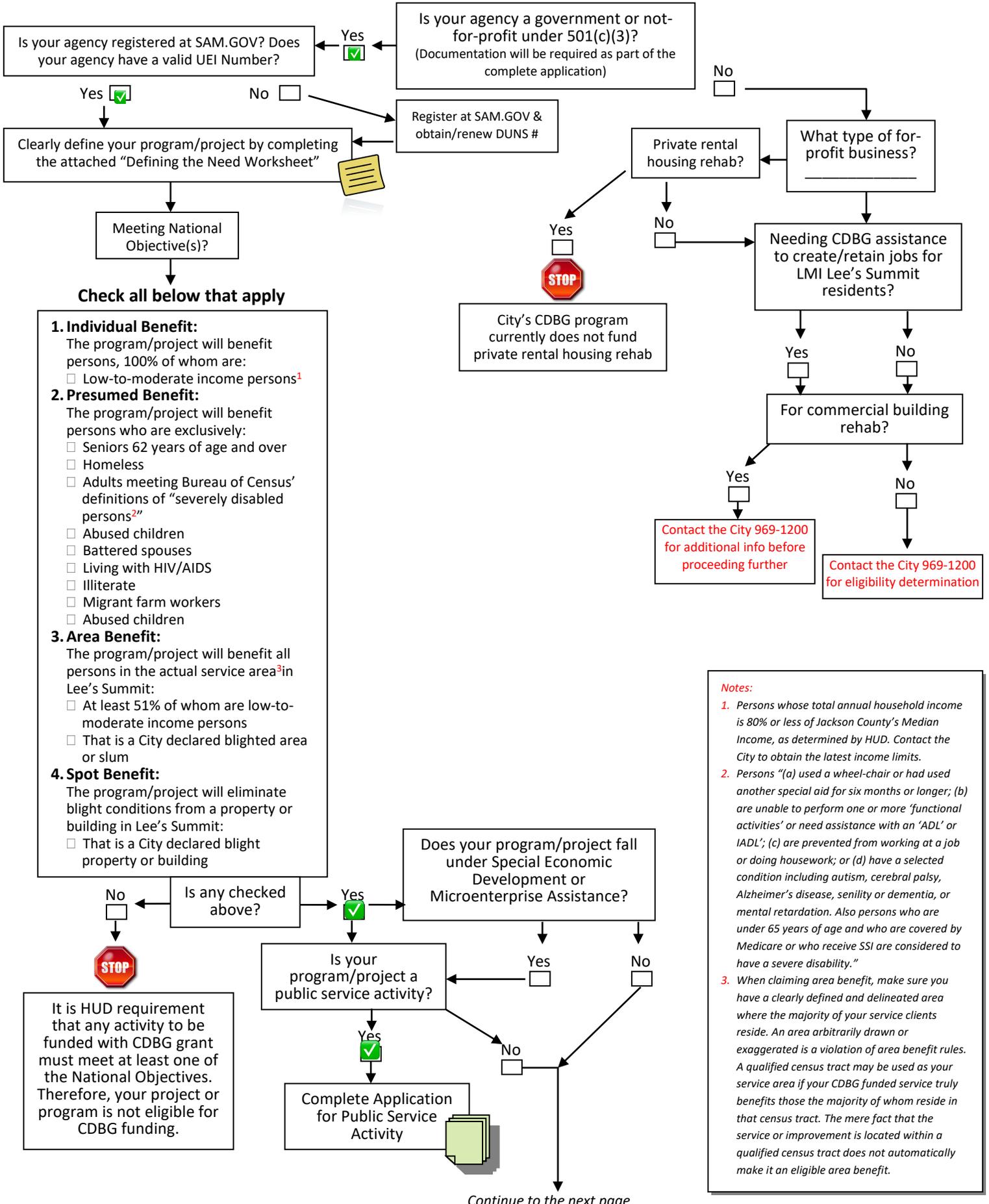
Name of the Program/Project Essential Families Economic Mobility Program

Important Note: Lee's Summit CDBG grant program is designed to benefit Lee's Summit residents. If your agency is not located in Lee's Summit or if your agency does not provide the service out of a location in Lee's Summit, it can still be an eligible subrecipient if the service cost to be covered with Lee's Summit CDBG grant will benefit Lee's Summit residents.

**City of Lee's Summit CDBG Program
2026-27
Activity Type and Eligibility
Determination Chart**

START HERE AND CHECK APPROPRIATE BOXES

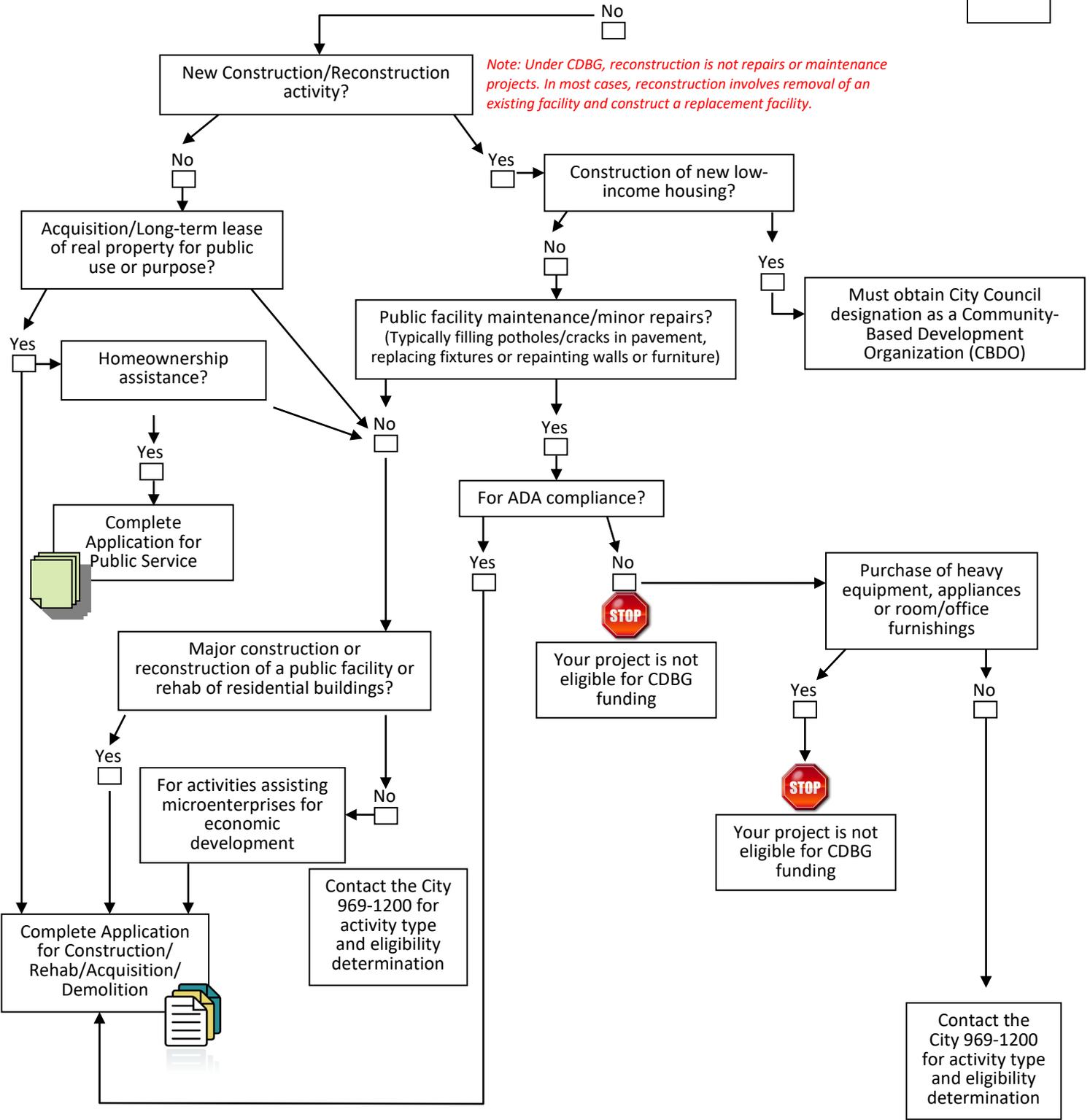
Agency Name Essential Families



Notes:

- Persons whose total annual household income is 80% or less of Jackson County's Median Income, as determined by HUD. Contact the City to obtain the latest income limits.
- Persons "(a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more 'functional activities' or need assistance with an 'ADL' or 'IADL'; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation. Also persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability."
- When claiming area benefit, make sure you have a clearly defined and delineated area where the majority of your service clients reside. An area arbitrarily drawn or exaggerated is a violation of area benefit rules. A qualified census tract may be used as your service area if your CDBG funded service truly benefits those the majority of whom reside in that census tract. The mere fact that the service or improvement is located within a qualified census tract does not automatically make it an eligible area benefit.

Continue to the next page



If you have question on if your program/project would fit, please contact the City's Development Services at 969-1247 or email Matthew.Younce@cityofls.net.



State of Missouri
John R. Ashcroft, Secretary of State
 Corporations Division
 PO Box 778 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

N000713670
Date Filed: 1/2/2020
John R. Ashcroft
Missouri Secretary of State

Articles of Incorporation of a Nonprofit Corporation
(Submit with a filing fee of \$25.00)

The undersigned natural person(s) of the age of eighteen years or more for the purpose of forming a corporation under the Missouri Nonprofit Corporation Act adopt the following Articles of Incorporation:

1. The name of the corporation is: Essential Families Midwest, Inc.

2. This corporation is a Public Public or Mutual Benefit Corporation.

3. The period of duration of the corporation is Perpetual
"Perpetual" unless stated otherwise

4. The name and street address of the Registered Agent and Registered Office in Missouri is:
Terri Rochelle English 7207 Norton Kansas City Kansas City MO 64132
Name Address City/State/Zip

5. The name(s) and address(es) of each incorporator:
English, Terri R 5008 Prospect Kansas City MO 64130

6. Will the corporation have members? YES NO

7. The assets of the corporation will be distributed on dissolution as follows
"irrevocably dedicated to charitable purposes." as required by IRS regulation 501(c)(3)

8. The corporation is formed for the following purpose(s):
Education and charitable purposes including all actions approved for a 501(c)(3) corporation

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:
(Date may not be more than 90 days after the filing date in this office)

(Please see next page)

Name and address to return filed document:	
Name:	<u>Due Process International, LLC</u>
Address:	<u>Email: dueprocessinternational@gmail.com</u>
City, State, and Zip Code:	_____

Articles of Incorporation of a Nonprofit Corporation

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Must be signed by all Incorporator(s):

Terri R English
Signature

TERRI R ENGLISH
Printed Name

01/02/2020
Date of Signature



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
<input checked="" type="checkbox"/>	Activity Type and Eligibility Determination Chart – One Copy for Each Funding Request
<input checked="" type="checkbox"/>	Defining the Need Worksheet – One Copy for Each Funding Request
<input checked="" type="checkbox"/>	Meeting the Lee's Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
<input checked="" type="checkbox"/>	Completed Application Form with all Blanks Filled Out and Signed
<input checked="" type="checkbox"/>	Documentation of 501(c) Status (Typically the Article of Incorporation)
<input checked="" type="checkbox"/>	A Copy of Your Agency's In-take Form (for the Program CDBG Funding is Sought)
<input checked="" type="checkbox"/>	Completed Registration at SAM.GOV and Have an Active UEI #
<input type="checkbox"/>	(Optional but Recommended) Product/Project Specifications and/or Design

If you have any questions, please contact Development Services at 816-969-1247

Development Services

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



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Agency Name Lee's Summit CARES Inc Program Year 2026-27

Name of the Program/Project Prevention Through Possibilities

MEETING THE LEE'S SUMMIT CDBG 2025-2029 CONSOLIDATED PLAN GOALS CHECKLIST

Table with 3 columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Affordable Housing, Homeless, Non-Housing Community Development, Non-Homeless Special Needs, Non-Homeless Special Need, Non-Housing Community Development, Non-Affordable Housing, Non-Homeless, and a final row for program objectives.

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

DEFINING THE NEED WORKSHEET

Agency Name Lee's Summit CARES Program/Project PTP

City of Lee's Summit, Mo. Community Development Block Grant Program

Please complete this chart before you start completing the Application Form. For ease of use and better print result, this worksheet should be set to a page size of 11"X17". This form is available on City's website at <https://cityofls.net/development-services/community-development-block-grant> or may be obtained by emailing Matthew.Younce@cityofls.net.

[2] CAUSES OF THE NEED?
 PROVIDE KNOWN/POSSIBLE CAUSES: Prevention Services for youth & families within the area that

[3] WHAT IS THE MAGNITUDE OF THE NEED IN LEE'S SUMMIT?
 PROVIDE QUANTITATIVE MEASURE:
It is an unregulated source of heroin and we need to ensure that students are safe from these and other substances.

[4] WHOSE NEED IS IT?
 IDENTIFY ALL WHO HAS THIS NEED (Do not limit to those you serve):
We serve all youth & families within the Lee's Summit areas

[5] ARE THEY ELIGIBLE UNDER CDBG? YES NO
 Eligible persons include:
 Low-to-moderate income persons
 Limited Clientele (homeless, seniors, disabled adults, abused children, battered spouses, illiterate, person living with HIV/AIDS, migrant farm workers)
 All in the service area at least 51% of whom are LMI persons (determined by the Census Bureau or thru your own survey)

[6] THOSE IN NEED YOUR AGENCY SERVES ARE PRIMARILY RESIDING (check one)
 In Lee's Summit
 In Jackson/Cass Counties
 KC Metro

[7] WHAT PROGRAM YOUR AGENCY OFFERS TO ADDRESS THIS PARTICULAR NEED?
 NAME AND BRIEFLY DESCRIBE IT:
Retailers Training & Inspection
Prevention Programming for Youth.
Rx Takeback Days
Parenting classes
Mental Health Forums

[8] IN WHAT SPECIFIC FORM(S)?
 (Examples: Cash payment, free counseling, improving access to facility, discounted rent, low-cost meals, eliminating substandard living conditions, etc.)
 NAME IT/THEM:
- Workshops
- Trainings
- Retailer Inspections
- Parenting Classes

[9] HOW HAS IT BEEN/WILL IT BE FINANCED?
 IDENTIFY ALL KNOWN/POSSIBLE FUNDING SOURCES:
We have received federal funds in the past but now gain support from local grants

[10] OTHER RESOURCES TO BE LEVERAGED?
 IDENTIFY ALL GRANTS, CASH, CASH DONATION, IN-KIND DONATION, VOLUNTEERS, ETC.:
Jackson County OS Agency

[11] WHY IS CDBG FUNDING NEEDED?
 To close funding gap
 To free up an existing source
 To expand client base
 To match another funding
 As a contingency
 As a reimbursement for funds already expended
 Other _____

START HERE AND FOLLOW THE NUMBERS

[1] THE NEED

(Focus on Clients' need, not Agency's. If you define it as agency need, explain how it is related to clients' need)
 DEFINE IT:

There are controlled substances that are harmful and unregulated. We prevent access to the youth through programming.

[12] WHAT OTHER AGENCIES OR PROGRAMS ADDRESS/WILL ADDRESS THE NEED?
 IDENTIFY TO THE BEST OF YOUR KNOWLEDGE ALL THOSE THAT ARE AVAILABLE TO YOUR CLIENT BASE:
To the best of my knowledge Jackson county Public Health & Healthcare handles recovery.

[13] BASED ON THE ABOVE ANALYSIS OF THE NEED AND AVAILABLE PROGRAMS, HOW MUCH CDBG FUNDS DOES YOUR PROGRAM REASONABLY NEED FOR THE UPCOMING PROGRAM YEAR?
 AMOUNT \$: 70,000.00

[14] HOW IS SUCCESS MEASURED AND IN WHAT WAY IS THE LEVEL OF FUNDING IMPACTING THE LEVEL OF SUCCESS?
 DESCRIBE HOW: We measure through pre/post surveys, the number of trainings completed and students impacted.

[15] WHAT ARE THE POSSIBLE CONSEQUENCES IF NO CDBG FUNDS ARE GRANTED FOR THE UPCOMING PROGRAM YEAR?
 LIST THOSE IN THE ORDER OF LEVELS OF SERIOUSNESS IN YOUR JUDGEMENT:
The organization will seek funding from local supporters and look towards volunteers to offset funds.

[16] YOUR AGENCY'S TOTAL ANNUAL BUDGET? (Do not include CDBG funds from Lee's Summit)
 AMOUNT \$: 264,830.83

[17] YOUR AGENCY'S ANTICIPATED TOTAL EXPENSES FOR THE NEXT PROGRAM YEAR TO BE COVERED BY FEDERAL FUNDS? (Include all)
 AMOUNT \$: 0

[18] IS YOUR AGENCY GOVERNED BY A BOARD OF DIRECTORS?
 YES NO

[19] DOES YOUR AGENCY MEET OMB CIRCULAR A-110 STANDARDS?
 YES NO



LEE'S SUMMIT
MISSOURI

COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2026-27

UEI: JKZCBLEMB3J3

All applications must be submitted by 5:00 p.m. February 6, 2026. Applications can be submitted electronically to Matthew.Younce@cityofls.net

SECTION I --- Summary

EIN: 43-1301288

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

Applicant Agency Name:	Lee's Summit CARES	Program/Project Title:	LSCARES: Prevention Through Possibilities Program
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	634 SE 4th Street Lee's Summit MO 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	634 SE 4th Street	Status: (Check one)	<input type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input checked="" type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:	Lee's Summit MO 64063	The Plan for 2026-27 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's DUNS #:	624084708	Total Estimated Cost:	\$200,000.00
Total Organization Annual Budget in FY 2025-26:	\$264,830.83	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) <u>600</u>. If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>200</u>. <input type="checkbox"/> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) _____ clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2025-26:	(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) \$	CDBG Funding Request for 2026-27	\$70,000.00
Executive Director:	Christopher D. Madden	In 2026, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T: 816.304.0959 E: chris.madden@lscares.org	If Expected, are Other Funding Sources Secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Total Annual Federal Grants in FY 2025-26:	\$0.00		
Program Administrator/ Key Contact Person:	Christopher D. Madden		
Phone/ E-Mail:	T:816.304.0959 E:chris.madden@lscares.org		
Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all		

residents are of L/M income. For the latter, an income survey is required.)
 None of the Above

Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:
 (150 words or less)

The **Substance Abuse Prevention** arm of the Prevention Through Possibilities (PTP) Initiative expands Lee's Summit CARES' evidence-based prevention efforts with a targeted focus on the City of Lee's Summit. Building on established partnerships with the **Lee's Summit Police Department (LSPD), DEA,** local schools, families, and civic leaders, this strategy integrates youth-led campaigns, community education, citywide prevention events, and compliance enforcement to reduce substance misuse and enhance community safety.

Central to the initiative is the **HUGS Not Drugs Student-Led Campaign,** a creative youth-driven public education movement that empowers teens to design and promote prevention messaging across schools, social media, and community spaces. Supported by PTP interns and Teen Advocacy Group (T.A.G.) members, this peer-to-peer approach increases awareness of substance risks and reinforces positive social norms among youth ages 12–18.

To support families, PTP offers **Positive Parenting Classes,** delivering monthly skill-building sessions that strengthen communication, early intervention strategies, and protective factors against substance misuse. These sessions are designed to meet parents where they are, incorporate trauma-informed practices, and connect caregivers to local resources.

In partnership with LSPD and the **DEA,** Lee's Summit CARES will host **City-Wide Take Back Days** to facilitate safe disposal of unused or expired medications. These highly visible events reduce access to harmful substances and reinforce community responsibility for safe household practices.

The initiative also conducts **Compliance Checks and Retailer Education** to ensure local dispensaries and alcohol retailers adhere to age-restriction laws, using data and support from LSPD. Where needed, tailored trainings will equip retailers with best practices and legal responsibilities to prevent sales to underage individuals.

Complementing these strategies are **Celebrate Sober events,** substance-free community gatherings tied to high-risk periods such as prom and graduation. These events provide positive alternatives and reinforce the community's commitment to substance-free celebrations.

By combining youth engagement, family education, community collaboration, enforcement partnerships, and public outreach, the Substance Abuse Prevention arm of PTP directly supports Lee's Summit's health and safety priorities, fosters resilient youth, and contributes to measurable reductions in local substance misuse.

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p> <p><input type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes: <i>(Check closest one)</i></p> <p><input type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure</p>



Program Objectives: <i>(Check closest one)</i>	<ul style="list-style-type: none"> € Improve housing opportunities by creating and preserving decent, safe, affordable rental and homeownership housing. € Create a suitable living environment through infrastructure and public facility improvements. € Provide public services to expand economic opportunity, improve health and safety, enhance food access, and provide other assistance for low- and moderate-income households € Reduce and prevent homelessness in the city by providing needed housing and wrap-around services. 	At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	<ul style="list-style-type: none"> € 100% or Close € About 70-90% € About 50-70% € Less Than 50% € Less Than 25% € Less Than 5%
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<ul style="list-style-type: none"> € 1 (Highest) € 2 € 3 € 4 (Lowest) 	Describe How Outcomes are Measured:	

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2025-26			
2024-25			
2023-24			
2022-23			

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



SECTION III --- Program Budget

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

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

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

FY 2026-27 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$125,000	\$		\$40000	\$		\$50,000	Granted	\$
Fringe Benefits		\$0	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$0	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$0	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$10,000	\$	\$	\$5000	\$5000		\$5000	Granted	\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$80000	\$	\$	\$20000	\$		\$40000	Granted	\$10000
OPERATING EXPENSES										
Utilities		\$16109	\$	\$	\$0	\$		\$		\$
Insurance		\$384	\$	\$	\$0	\$		\$		\$
Legal Services		\$150	\$	\$	\$0	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
OTHERS										
Meals and Nutrition		\$20000	\$	\$	\$5000			\$5000	Granted	\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$251,643	\$	\$	\$70000	\$		\$100000		\$10000
<i>Notes</i>										



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input checked="" type="checkbox"/> Full-time secretarial/clerical person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input checked="" type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to _____</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>

<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input 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>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Amount</th> <th style="width: 70%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: middle;">\$70,000.00</td> <td style="vertical-align: middle;">This will allow us to complete the programming of Drug and violence prevention efforts within the city of Lee's Summit which includes but not limited to teen programming, retailer inspections and workshops, & community forums.</td> </tr> </tbody> </table>	Amount	Why	\$70,000.00	This will allow us to complete the programming of Drug and violence prevention efforts within the city of Lee's Summit which includes but not limited to teen programming, retailer inspections and workshops, & community forums.				
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<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Type</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Parenting Classes</td> <td style="text-align: center;">\$20.00 per session.</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> No fee for participating in this program</td> </tr> </tbody> </table>	Fee Type	Amount	Parenting Classes	\$20.00 per session.	<input type="checkbox"/> No fee for participating in this program			
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<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Unit Type</th> <th style="width: 70%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td>Paid Staff</td> <td style="text-align: center;">\$40,000.00</td> </tr> <tr> <td>Teen Interns</td> <td style="text-align: center;">\$20,000.00</td> </tr> <tr> <td colspan="2" style="text-align: center;">Notes: Request to cover 32% of the paid staff and 50% of the stipends for the teens working the program.</td> </tr> </tbody> </table>	Unit Type	Rate Per Unit	Paid Staff	\$40,000.00	Teen Interns	\$20,000.00	Notes: Request to cover 32% of the paid staff and 50% of the stipends for the teens working the program.	
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Paid Staff	\$40,000.00								
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Notes: Request to cover 32% of the paid staff and 50% of the stipends for the teens working the program.									



Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:

- € All expended before the end of 2026
- € All expended by the end of June 2027, but expenditures will be evenly distributed to each quarter
- € All expended by the end of June 2027, but the amount of expenditure will vary quarterly depending on demand for service
- € 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 CARES 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.

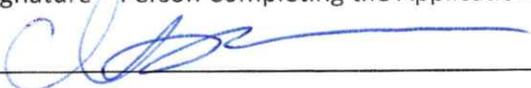
I certify that my agency will comply with all applicable federal laws, regulations, and executive orders governing the use of CDBG funds, including the Housing and Community Development Act of 1974 and 24 CFR in its entirety. This agency will cooperate with the City and HUD in any monitoring, audits, or reviews, and agrees to defend the City in any internal agency review or proceeding, as well as in court, indemnify and hold harmless the City, its officials, employees, and agents from any concerns or instances of review of the grant or the subrecipients activities policies or corporate behavior as may be called into question under executive orders 14168, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, 14218, Ending Taxpayer Subsidization of Open Borders, and any other executive order signed by the President since January 20, 2025, and any claims or liabilities arising from my agency's failure to comply with such laws, regulations, or requirements.



Signature – Person Completing the Application

Title

Date



Executive Director

1/28/26

Signature – President/CEO of the Agency

Title

Date



Board Vice President

1/28/26

Signature – Board of Directors Chair/President

Title

Date

COMPLETE APPLICATION CHECKLIST

Check if Completed/Included	Requirements
€	Meeting the Lee's Summit CDBG Consolidated Plan Objectives Checklist – One Copy For Each Funding Request
€	Completed Application Form with all Blanks Filled Out and Signed
€	Documentation of 501(c) Status (Typically the Article of Incorporation)
€	A Copy of Your Agency's In-take Form (for the Program CDBG Funding is Sought)
€	Completed Registration at SAM.GOV and Have an Active DUNS #
€	(Optional but Recommended) Product/Project Specifications and/or Design



Signature – Person Completing the Application

Title

Date

[Signature]

Executive Director 1/28/26

Signature – President/CEO of the Agency

Title

Date

Signature – Board of Directors Chair/President

Title

Date

COMPLETE APPLICATION CHECKLIST

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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 18 2003

LEES SUMMIT CARES INC
901 NE INDEPENDENCE AVE
LEES SUMMIT, MO 64086-5544

Employer Identification Number:
43-1301288
DLN:
17053186745033
Contact Person: HERLEAN C YOUNCE ID# 31473
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated September 1984, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Jackson County, Missouri

Certificate of Compliance

In accordance with Jackson County Code Chapter(s) 6 and 10, this Certificate of Compliance is hereby issued to:

Lee's Summit CARES

634 SE 4th Street

2026 Certificate Number: 200492

Issued: 1/27/2026

Expires: 12/31/2026

The above named firm/agency has met the following requirements:

Is duly listed and assessed on the tax rolls of Jackson County, Missouri and is not delinquent in the payment of any taxes due to the County, or did not have on December 31st of the previous year any property subject to taxation by the County.

Attests and agrees to Chapter 6 of the Jackson County Code which prohibits discriminatory employment practices and promotes equal employment opportunity by contractors doing business with Jackson County.

Melinda Bolling

Chief Compliance Review Officer

Jackson County, Missouri

(816) 881-3302

compliance@jacksongov.org

