



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR CITY PROGRAMS
(Ongoing City Programs Only)
PROGRAM YEAR 2025-2026

SECTION I --- Program

Program Name: CDBG Administration Operating Department: Development Services

CDBG Request Amount: \$68,525.60 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 ☒ On-going Until Funds are Exhausted

Year

SECTION II --- Program Description and Eligibility Information

Program Description: Administrative costs 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

Amy Koenenman

Signature – Person Completing the Application

Aimee Nassif

Signature – Person Authorizing the Application

Grants Consultant

Title

Interim Director of Development Services

Title

2/3/2025

Date

2/3/2025

Date

###

Development Services

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



Community Development Block Grant Program

Program Year 2025-26

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

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	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.

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2025-26**

All applications must be submitted by 5:00 p.m. Monday, February 3, 2025. Applications can be submitted electronically to amy.koeneman@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 2025-26 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
Agency's UEI#:	UQEHFZL55AY5	Total Estimated Cost:	\$102,990
Total Organization Annual Budget in FY 2024-25:	\$ 450,076.63	# 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>350</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>294.25</u>. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>316</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2024-25:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$5,194.20	CDBG Funding Request for 2025-26	\$10,000
Executive Director:	Monica Humbard	In 2025, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T:816-786-0758 E:director@coldwater.me	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2024-25:	\$5,194.20		
Program Administrator/ Key Contact Person:	Monica Humbard		
Phone/ E-Mail:	T:816-786-0758 E:director@coldwater.me		
Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M Income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above		

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 322 weekend food packs for chronically hungry students at all grade levels during the 2024-25 school year. Due to unfulfilled requests at some of the LSR& schools, the goal is to increase the number of students served to at least 350 for the 2025-26 school year. The school district teachers and counselors identify the students for this program, and Coldwater purchases product for volunteers to assemble the food packs distributed weekly for 32 weeks. Research has shown that children who receive weekend food packs perform better academically and behaviorally in school and have fewer absences and tardies. The weekend food packs also provide nutritional food choices, benefitting the students' overall health. Studies in the last five years have shown that older food-insecure students have greater odds of having mental health problems, including depression and anxiety or panic disorder.
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SECTION II --- Program Description and Eligibility Information

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

Does the Program Satisfy Any of These National Objective Related Qualifiers?	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	Program Outcomes: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
Program Objectives: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	Are there any Overlapping Services Provided by Other Agencies in the Area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	<input type="checkbox"/> 100% or Close <input type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input checked="" type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		Describe How Outcomes are Measured:	Currently, 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?
2024-25	\$5,194.20	BackSnacks/Weekend Food Packs	Yes, 20.8 students received food packs with CDBG funds
2023-24	\$5,466	BackSnacks/Weekend Food Packs	Yes, 22 students received food packs with CDBG funds
2022-23	\$8,000	BackSnacks/Weekend Food Packs	Yes, 32 students received food packs with CDBG funds
2021-22	\$5,525	BackSnacks/Weekend Food Packs	Yes, 22.1 students received food packs with CDBG funds

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 2025-26 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		\$28,180	\$	\$	\$	\$		\$		\$
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/Rent/Adm		\$20,490	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
OTHERS										
Meals and Nutrition		\$54,320	\$	\$	\$	\$		\$	granted	\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$102,990	\$23,322	\$36,178	\$10,000	\$		\$4,500		\$28,990
<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.**

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>	The principals and counselors at each school have worked together with the district to determine the following criteria in selecting the students: 1. Received free or reduced school meals. 2. Observed need, crisis situation or in need of financial assistance with school activities. 3. Referral from parent. 4. Referral from teacher, administrator or SAP. The school district has strict policies to determine eligibility for students to receive free or reduced lunches.	Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year <input checked="" type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount		
Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	X Non-home-based office space X 24-hour designated business phone line or answering service X Full-time program manager/administrator <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) X Computerized client information system X Secured client records filing system (for client confidentiality) X Designated independent financial audit service X Annual financial audit or financial reporting X Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. X Longer than 2 years experience in recent years carrying out a similar 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:	Amount \$2,500	Why To maintain the minimum number of students served
			Fee Schedule for this Program, if Fees are Charged for this Service:	Fee Type	Amount X 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 \$ \$
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	X Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation	Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	X All expended before the end of 2025 <input type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2025, 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		

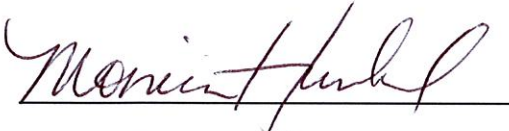
SECTION V --- Certifications

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

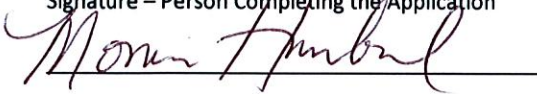
I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify 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.

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

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



Signature – Person Completing the Application



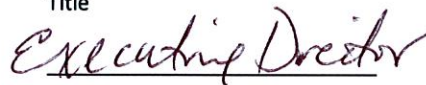
Signature – President/CEO of the Agency



Signature – Board of Directors Chair/President




Title



Title



Title



Date



Date



Date





LEE'S SUMMIT
R-7 SCHOOLS
Learning for Life

Reorganized School District No. 7

702 SE 291 Highway

Lee's Summit, Missouri 64063

Phone: (816) 986-2200 Fax: (816) 986-2215

Office of Nutrition Services

January 17, 2025

To Whom It May Concern:

The Lee's Summit R7 Nutrition Services Department certifies that students attending Meadow Lane Elementary and receiving Coldwater Food Packs are qualified and participating in the National School Breakfast and Lunch Program for 2025-2026. We also supply the 2024-2025 income guideline chart and a copy of the current Free and Reduced application to the Director of Coldwater. Thank you.

Sincerely,

Lori Danella, MS, SNS

Director of Nutrition Services

Lee's Summit R7 School District

816-986-2206



Community Development Block Grant Program

Program Year 2025-26

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

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	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 2025-26

All applications must be submitted by 5:00 p.m. February 3, 2025. Applications can be submitted electronically to amy.koeneman@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 2025-26 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:	\$687,200.00
Total Organization Annual Budget in FY 2024-25:	\$ 7,660,345.00	# 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 (#) 200.• 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 (#) 100 clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2024-25:	(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) \$ 3,731,855.00	CDBG Funding Request for 2025-26	\$20,000.00
Executive Director:	MaryAnne Metheny	In 2025, 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: metheny@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 2024-25:	\$3,731,855.00		
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

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

Brief Description of the Program/Project and the Impact the Requested CDBG funds will have: (150 words or less)	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 13 area courts, including Order of Protection Court. Advocates work directly with detectives in five local police departments and have access to domestic violence police reports in ten municipal court jurisdictions. Advocates remain involved with survivors 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. Hope House estimates CDBG funding will support 96.5 units of service at \$207.21/unit to 100 survivors.
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SECTION II --- Program Description and Eligibility Information

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

Does the Program Satisfy Any of These National Objective Related Qualifiers?	<input 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)	Program Outcomes: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
Program Objectives: <i>(Check closest one)</i>	<input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	Are there any Overlapping Services Provided by Other Agencies in the Area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	<input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		Describe How Outcomes are Measured:	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.

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2024-25	\$13,100.00	Court Advocacy Program	In Progress
2023-24	\$13,650.00	Court Advocacy Program	Yes
2022-23	\$9,862.90	Court Advocacy Program	Yes
2021-22	\$10,225.20	Children's Therapy Program	Yes

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



SECTION III --- Program Budget

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

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

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

FY 2025-26 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		\$408,500.00	\$	\$ 0.00	\$ 11,300.00	\$299,000.00	Granted & Applied	\$ 95,600.00	Granted & Applied	\$ 2,600
Fringe Benefits		\$102,900.00	\$	\$ 0.00	\$ 3,800.00	\$ 85,700.00	Granted & Applied	\$11,500.00	Granted & Applied	\$ 1,900.00
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$4,300.00	\$	\$2,000.00	\$100.00	\$ 1,700.00	Granted	\$		\$ 500.00
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$ 5,600.00	\$	\$3,500.00	\$100.00	\$1,200.00	Granted	\$ 200.00	Granted & Applied	\$ 600.00
OPERATING EXPENSES										
Utilities		\$ 14,800.00	\$	\$ 0.00	\$ 100.00	\$2,000.00	Granted	\$900.00	Granted & Applied	\$ 11,800.00
Insurance		\$ 19,400.00	\$	\$ 0.00	\$ 100.00	\$0.00		\$		\$19,300.00
Legal Services		\$	\$	\$	\$	\$		\$		\$ 0.00
Transportation Related		\$9,600.00	\$	\$	\$100.00	\$ 6,400.00	Granted	\$ 300.00	Granted & Applied	\$ 2,800.00
OTHERS										
IT Tech Support		\$ 4,000.00	\$	\$1,000.00	\$ 100.00	\$ 1,900.00	Granted	\$ 300.00	Granted & Applied	\$ 700.00
Contract Police		\$ 28,600.00	\$	\$1,000.00	\$	\$		\$27,600.00	Granted & Applied	\$ 0.00
All Other Direct Costs		\$ 2,400.00	\$	\$ 500.00	\$200.00	\$ 1,200.00	Granted	\$		\$ 500.00
Indirect Costs		\$ 87,100.00	\$	\$ 0.00	\$ 4,100.00	\$11,600.00		\$ 12,600.00	Granted & Applied	\$ 58,800.00
TOTALS		\$687,200.00	\$	\$ 8,000.00	\$20,000.00	\$410,700.00		\$149,000.00		\$ 99,500.00
Notes	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.**

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>	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.	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 type="checkbox"/> Make changes to the program without reducing the number of clients served <input checked="" type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount	
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 checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Full-time program manager/administrator <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	Amount \$5,000
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:	Fee Type <input checked="" type="checkbox"/> No fee for participating in this program	Amount
		If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	Unit Type One hour of court advocacy related service \$207.21 \$	Rate Per Unit Notes:
		Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2025 <input type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter <input checked="" type="checkbox"/> All expended by the end of June 2025, 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.

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.

Brandi Bair

Signature – Person Completing the Application

Mary Anne Metheny

Signature – President/CEO of the Agency

Abby Moeck

Signature – Board of Directors Chair/President

Brandi Bair,
Director of Grants and Compliance 01 / 31 / 2025

Title

Date

Chief Executive Officer

01 / 31 / 2025

Title

Date

Board of Directors Chair

01 / 31 / 2025

Title

Date





January 31, 2025

City of Lee's Summit
Amy Koeneman
220 SE Green Street
Lee's Summit, MO 64063

Dear Ms. Koeneman,

2024-2025

Board of Directors

Abby Mocek | Chair
Jaime Simpson | Chair Elect
Julie Ross | Immediate Past
Chair
Drew McMonigle | Treasurer
Kerrie Lindberg | Secretary
Crystal Howard | At Large
Laney Abraham
Lolly Cerda
TJ Dunavant
Erica Froelich
Nicole Harris
Joe Kauten
Julie Lonergan
Jesseca Mayhew
Jenny Ramsey
Camilla Roe
Jackie Stegner

Hope House proposes billing by unit cost. The current unit cost for one hour of court advocacy service is \$207.21. This is calculated by dividing the Fiscal Year 2025 budget for one FTE Court Advocate by the average units of service provided annually by that Advocate in Fiscal Years 2020-2023 as shown below.

Salary	\$40,223.40
FICA/Medicare	\$3,077.09
Unemployment	\$720.00
Health Insurance	\$8,928.00
403(b) Hope House Match	\$603.35
Workers' Compensation	\$238.65
Technical Support	\$600.00
Recruiting	\$300.00
Phone Service	\$194.28
Postage	\$12.00
Meeting Expense	\$240.00
Mileage/Parking	\$900.00
Retention/Recognition	\$120.00
Office Supplies	\$60.00
Copier	\$132.00
Administrative Overhead	\$11,854.10
Facilities Overhead	\$2,816.80
FY 2025 Budget	\$71,019.67
Number of Lee's Summit Court units – 4-year average FY20 to FY23	342.75
Unit Cost	\$207.21

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
Chief Executive Officer



LEE'S SUMMIT
MISSOURI

COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2025-26

All applications must be submitted by 5:00 p.m. February 3, 2025. Applications can be submitted electronically to amy.koeneman@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:		Program/Project Title:	
Not-for-profit organization (with active 501(c) status)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Program Service Address:	
Agency's Street Address: (PO Box Not Acceptable without City's Consent)		Status: (Check one)	<input type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
City/State/Zip:		The Plan for 2025-26 is: (Check one)	<input 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 #:		Total Estimated Cost:	
Total Organization Annual Budget in FY 2024-25:	\$	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	• Total estimated budget will serve (#) _____. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____. • <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 2024-25:	(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 2025-26	
Executive Director:		In 2025, 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 type="checkbox"/> With CDBG as a secondary funding source
Phone/E-Mail	T: E:	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 type="checkbox"/>		
Total Annual Federal Grants in FY 2024-25:	\$		
Program Administrator/ Key Contact Person:			
Phone/ E-Mail:	T: E:		
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.) <input type="checkbox"/> None of the Above		

Development Services

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

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

Does the Program Satisfy Any of These National Objective Related Qualifiers?	<input 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 type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
Program Objectives: <i>(Check closest one)</i>	<input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	Are there any Overlapping Services Provided by Other Agencies in the Area?	<input type="checkbox"/> Yes <input type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<input type="checkbox"/> 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 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:	

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2024-25			
2023-24			
2022-23			
2021-22			

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 2025-26 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$	\$	\$	\$	\$		\$		\$
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>		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 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 type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> Full-time program manager/administrator <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input type="checkbox"/> Computerized client information system <input type="checkbox"/> Secured client records filing system (for client confidentiality) <input type="checkbox"/> Designated independent financial audit service <input type="checkbox"/> Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar 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:	Amount \$
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation	Fee Schedule for this Program, if Fees are Charged for this Service:	Fee Type 	Amount
		If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	Unit Type 	Rate Per Unit \$ \$ Notes:
		Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2025 <input type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2025, 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	





LEE'S SUMMIT
MISSOURI

COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2025-26

All applications must be submitted by 5:00 p.m. February 3, 2025. Applications can be submitted electronically to amy.koeneman@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Hillcrest Ministries of MidAmerica, Inc.	Program/Project Title:	Transitional Housing 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 2025-26 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 2024-25:	\$ 7400000	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	• 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 2024-25:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$ 0	CDBG Funding Request for 2025-26	\$25,000
Executive Director:	Tom Lally	In 2025, 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: 913-291-7359 E: tom@hillcrestkc.org	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2024-25:	\$ 0		
Program Administrator/ Key Contact Person:	Tom Lally		
Phone/ E-Mail:	T: 913-291-7359 E: tom@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

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

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: (Check closest one)	<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: (Check closest one)	<input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	Are there any Overlapping Services Provided by Other Agencies in the Area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	<input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		Describe How Outcomes are Measured:	Outcomes will be measured using client pre and post program surveys and data tracked in the local Homeless Management Information System. The program is evaluated on an ongoing basis, with input from clients, staff, and volunteers, to determine what works, what needs improvement, and if any changes should be implemented.

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2024-25	\$13,650	Transitional Housing	Yes
2023-24	\$13,650	Transitional Housing	Yes
2022-23	\$13,463	Transitional Housing	Yes
2021-22	\$19,536.64	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 2025-26 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		\$ 100000	\$ 75000	\$	\$25000	\$		\$		\$
Fringe Benefits		\$ 15000	\$ 15000	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$ 2000	\$ 2000	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$ 5000	\$	\$	\$	\$		\$		\$ 5000
OPERATING EXPENSES										
Utilities		\$ 55000	\$ 30000	\$	\$	\$		\$		\$25000
Insurance		\$ 25000	\$ 25000	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$ 2000	\$	\$	\$	\$		\$		\$ 2000
OTHERS										
Meals and Nutrition		\$ 5000	\$	\$	\$	\$		\$		\$ 5000
Rental Assistance		\$ 20000	\$	\$	\$	\$		\$		\$20000
		\$ 32000	\$ 22000	\$	\$	\$		\$		\$ 10000
		\$ 5000	\$	\$	\$	\$		\$		\$ 5000
TOTALS		\$ 266000	\$ 169000	\$	\$ 25000	\$		\$		\$ 72000
<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.**

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 type="checkbox"/> Make changes to the program without reducing the number of clients served <input checked="" type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount						
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"> <thead> <tr> <th>Amount</th> <th>Why</th> </tr> </thead> <tbody> <tr> <td>\$ 15000</td> <td>Operating funds for staff members are critical to resident success and difficult to secure.</td> </tr> </tbody> </table>	Amount	Why	\$ 15000	Operating funds for staff members are critical to resident success and difficult to secure.		
Amount	Why								
\$ 15000	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"> <thead> <tr> <th>Fee Type</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> No fee for participating in this program</td> <td></td> </tr> </tbody> </table>	Fee Type	Amount	<input checked="" type="checkbox"/> No fee for participating in this program			
Fee Type	Amount								
<input checked="" type="checkbox"/> No fee for participating in this program									
		If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	<table border="1"> <thead> <tr> <th>Unit Type</th> <th>Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table> <p>Notes: Rates are not charged per unit.</p>	Unit Type	Rate Per Unit		\$		\$
Unit Type	Rate Per Unit								
	\$								
	\$								
		Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2025 <input checked="" type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2025, but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended						



SECTION V --- Certifications

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

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

Hillcrest Ministries of MidAmerica, Inc. (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.

Tom Lally Digitally signed by Tom Lally
Date: 2025.01.27 16:44:36 -06'00'

Signature – Person Completing the Application

Tom Lally Digitally signed by Tom Lally
Date: 2025.01.27 16:45:03 -06'00'

Signature – President/CEO of the Agency

Annie Rogers Digitally signed by Annie Rogers
Date: 2025.01.27 16:47:03 -06'00'

Signature – Board of Directors Chair/President

President and CEO

Title

President and CEO

Title

Board President

Title

1/27/25

Date

1/27/25

Date

1/27/25

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





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2025-26

Agency Name Hillcrest Ministries of MidAmerica, Inc.

Name of the Program/Project Transitional Housing Case Management

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

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	Check All That Apply	Goals and Priority Needs
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.