



LEE'S SUMMIT
MISSOURI

COMMUNITY DEVELOPMENT BLOCK GRANT
CONSTRUCTION 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 Project: (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"/>	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
Agency's Street Address: (PO Box Not Acceptable without City's Consent)		Total Estimated Project Cost: (Do not fill this blank until you finish the entire form)	\$
City/State/Zip:		Cost Estimate Is Based on: (You may attach the estimate details)	
Agency's DUNS #:		Cost Estimate Includes: (Majority of construction and reconstruction projects require these for procurement)	<input type="checkbox"/> Property Survey <input type="checkbox"/> Engineering Design <input type="checkbox"/> Bid Advertising (in 2 papers at minimum, one of which must be a minority paper)
Total Organization Annual Budget in FY 2024-25:	\$	Cost Estimate Also Includes: (May be required for procurement)	<input type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon)
Executive Director:		# of Clients to be Served: (Only clients enrolled for service)	
Telephone	T:	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
Email Address:		Amount of CDBG Funding Request for 2025-26: (Please round to the nearest dollar)	\$
Governed by Board of Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specifically what will CDBG Funds Pay For? (Be as specific as possible and avoid using general terms.)	
Total Annual Federal Grants in FY2024-25:	\$	If Expected, are the Other Funds Secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Federal \$\$\$ to be Expended during Agency's FY2024-25:	(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) \$		
Prior Experience with Similar Projects Funded with Federal Grant?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, skip the next question)		
Name the Most Recent Such Project and Year:			
Project Manager:			
Telephone	T:		
Email Address:			
Project Key Contact:			
Telephone	T:		
Email Address:			
Project Type: (Check one)	Brief Description of the Project and the Impact the Requested CDBG Grant will have: (150 words or less)		
<input type="checkbox"/> Acquisition of Real Property for Public Use <input type="checkbox"/> Demolition for a Public Purpose <input type="checkbox"/> Not-for-profit Facility Reconstruction <input type="checkbox"/> Not-for-profit Facility New Construction <input type="checkbox"/> Public Facility/Infrastructure Improvement <input type="checkbox"/> Housing Rehabilitation/Repairs <input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents			

Development Services

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

SECTION II --- Project Description and Eligibility Information

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

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



SECTION III --- Project Budget

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

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

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

FY 2025-26 Project Budget

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

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



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

Item	Description of Methods and Sources	Notes

Projections of Project Costs and Funding Needs

Fiscal Year	Total Project Costs	Projected Funding by Funding Sources						Number of Clients to be Benefitted
		Agency Funds	Donations	CDBG	Other Federal Funds	State & Local Grants	All Other Funds	
2025-26	\$	\$	\$	\$	\$	\$	\$	
2026-27	\$	\$	\$	\$	\$	\$	\$	

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



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

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

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

List all Members of Your Current Board of Directors:	Name	Telephone	Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: (Check all that apply)	<input type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> Designated project manager <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input type="checkbox"/> Computerized client information system <input type="checkbox"/> Secured client records filing system (for client confidentiality) <input type="checkbox"/> Designated independent financial audit service <input type="checkbox"/> Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		Describe your Agency's Intake and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program in-take form.)</i>		
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation		Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Make up the difference with other funds available to the agency <input type="checkbox"/> Phase the project out and do only a portion this year <i>(future funding not guaranteed)</i> <input type="checkbox"/> Withdraw application and cancel the project <input type="checkbox"/> Withdraw application but proceed with the project <input type="checkbox"/> Not sure what we can do with that amount	
<i>When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.</i>			Minimum Amount of CDBG Funds Needed to Make This Project Work:	(4.8.1) Amount	(4.8.2) Why
				\$	
If CDBG-funded, the Property, Facility or Product will be: (Check all that apply)	<input type="checkbox"/> Used without user fees <input type="checkbox"/> Leased/subleased to other agencies resulting in a lease income <input type="checkbox"/> Will be sold when no longer needed <input type="checkbox"/> Will be donated for a public purpose		Project Schedule – Your Agency Plans to Start Project Construction:	<input type="checkbox"/> Before end of 2025 <input type="checkbox"/> Within first half of 2025 <input type="checkbox"/> Within second half of 2025 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons	
			Notes:		

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



SECTION V --- Certifications

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

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

Truman Heritage Habitat for Humanity

(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

Home Preservation Program Manager

Title

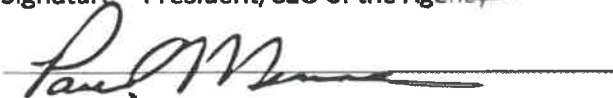
CEO

Date

1/31/25

1-31-2025

Signature – President/CEO of the Agency



Title

COB

Date

1/31/2025

Signature – Board of Directors Chair

Title

Date





Community Development Block Grant Program

Program Year 2025-26

Agency Name _____

Name of the Program/Project _____

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 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
CONSTRUCTION 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 Project: (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"/>	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
Agency's Street Address: (PO Box Not Acceptable without City's Consent)		Total Estimated Project Cost: (Do not fill this blank until you finish the entire form)	\$
City/State/Zip:		Cost Estimate Is Based on: (You may attach the estimate details)	
Agency's DUNS #:		Cost Estimate Includes: (Majority of construction and reconstruction projects require these for procurement)	<input type="checkbox"/> Property Survey <input type="checkbox"/> Engineering Design <input type="checkbox"/> Bid Advertising (in 2 papers at minimum, one of which must be a minority paper)
Total Organization Annual Budget in FY 2024-25:	\$	Cost Estimate Also Includes: (May be required for procurement)	<input type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon)
Executive Director:		# of Clients to be Served: (Only clients enrolled for service)	
Telephone	T:	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
Email Address:		Amount of CDBG Funding Request for 2025-26: (Please round to the nearest dollar)	\$
Governed by Board of Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specifically what will CDBG Funds Pay For? (Be as specific as possible and avoid using general terms.)	
Total Annual Federal Grants in FY2024-25:	\$	If Expected, are the Other Funds Secured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Federal \$\$\$ to be Expended during Agency's FY2024-25:	(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) \$		
Prior Experience with Similar Projects Funded with Federal Grant?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, skip the next question)		
Name the Most Recent Such Project and Year:			
Project Manager:			
Telephone	T:		
Email Address:			
Project Key Contact:			
Telephone	T:		
Email Address:			
Project Type: (Check one)	Brief Description of the Project and the Impact the Requested CDBG Grant will have: (150 words or less)		
<input type="checkbox"/> Acquisition of Real Property for Public Use <input type="checkbox"/> Demolition for a Public Purpose <input type="checkbox"/> Not-for-profit Facility Reconstruction <input type="checkbox"/> Not-for-profit Facility New Construction <input type="checkbox"/> Public Facility/Infrastructure Improvement <input type="checkbox"/> Housing Rehabilitation/Repairs <input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents			

Development Services

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

SECTION II --- Project Description and Eligibility Information

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

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



SECTION III --- Project Budget

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

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

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

FY 2025-26 Project Budget

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

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



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

Item	Description of Methods and Sources	Notes

Projections of Project Costs and Funding Needs

Fiscal Year	Total Project Costs	Projected Funding by Funding Sources						Number of Clients to be Benefitted
		Agency Funds	Donations	CDBG	Other Federal Funds	State & Local Grants	All Other Funds	
2025-26	\$	\$	\$	\$	\$	\$	\$	
2026-27	\$	\$	\$	\$	\$	\$	\$	

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



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

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

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

List all Members of Your Current Board of Directors:	Name	Telephone	Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: <i>(Check all that apply)</i>	<input type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> Designated project manager <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input type="checkbox"/> Computerized client information system <input type="checkbox"/> Secured client records filing system (for client confidentiality) <input type="checkbox"/> Designated independent financial audit service <input type="checkbox"/> Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		Describe your Agency's Intake and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program in-take form.)</i>		
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation		Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Make up the difference with other funds available to the agency <input type="checkbox"/> Phase the project out and do only a portion this year <i>(future funding not guaranteed)</i> <input type="checkbox"/> Withdraw application and cancel the project <input type="checkbox"/> Withdraw application but proceed with the project <input type="checkbox"/> Not sure what we can do with that amount	
When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.			Minimum Amount of CDBG Funds Needed to Make This Project Work:	(4.8.1) Amount	(4.8.2) Why
				\$	
If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i>			Project Schedule – Your Agency Plans to Start Project Construction:		<input type="checkbox"/> Before end of 2025 <input type="checkbox"/> Within first half of 2025 <input type="checkbox"/> Within second half of 2025 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons
<input type="checkbox"/> Used without user fees <input type="checkbox"/> Leased/subleased to other agencies resulting in a lease income <input type="checkbox"/> Will be sold when no longer needed <input type="checkbox"/> Will be donated for a public purpose			Notes:		

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



SECTION V --- Certifications

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

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

Truman Heritage Habitat for Humanity

(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.

Christina Leakey

CEO

Signature – Person Completing the Application

Title

Date

CEO

1/31/2025

Signature – President/CEO of the Agency

Title

Date

COB

1/31/2025

Signature – Board of Directors Chair

Title

Date

