Truman Heritage Habitat for Humanity®

We strive for a better world where everyone has a decent place to live.

City of Lee's Summit, Missouri
Development Services Department
Truman Heritage Habitat for Humanity
220 SE Green Street
Lee's Summit, MO 64063
(816) 969-1243

February 6, 2026

Subject: 26-27 CDBG Application

Thank you for the opportunity to apply for funding through the Community Development Block Grant. Truman Heritage Habitat for Humanity is requesting up to $200,000 in funding to complete home rehabilitation services for 12-15 qualifying Lee's Summit households.

The average project cost will range between $12,000 and $17,000 in construction expenses. This home repair service will be provided for qualifying households in Jackson County, MO within the city limits of Lee's Summit, MO. 100% of applicants for this program will be at or below 80% area median income (AMI). To support this program, we are asking for at least 25% of the total award to be designated to eligible administration and program costs. This will go towards staff time and operational costs such as business insurance, marketing, permits, and fuel/vehicle maintenance.

Truman Heritage Habitat for Humanity was formed in 1989 and initially focused on new home construction for low-moderate income households in Eastern Jackson County. Over the last several years, that focus has shifted to providing home weatherization, repair and rehabilitation services to low-moderate income households with an AMI less than 80%. Funding for these services has largely come City of Independence HOME and CDBG programs, City of Raytown, Federal Home Loan Bank, and area energy utilities.

We look forward to favorable consideration of the attached Lee's Summit CDBG application. Through our work in local communities, we have found a great need for the home rehabilitation services that CDBG funding supports. We hope to continue this vital partnership with the City of Lee's Summit and its citizens.

Please do not hesitate to contact me or Christina Leakey, President and Chief Executive Officer, should you have any questions or need more information.

MariKate Sears

Marikate Sears
Home Preservation Program Manager
(816) 264-6965
msears@trumanhabitat.org

LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

COMPLETE APPLICATION CHECKLIST

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

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

City of Lee's Summit CDBG Program

Activity and Eligibility Determination

2026-27

Agency Name __Truman Heritage Habitat for Humanity _____

Name of the Program/Project _____Lee's Summit Home Repair Program_____

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

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

START HERE AND CHECK APPROPRIATE BOXES

Agency Name _Truman Heritage Habitat for Humanity____

Is your agency a government or not-for-profit under 501(c)(3)? (Documentation will be required as part of the complete application)

Yes ☑ → Is your agency registered at SAM.GOV? Does your agency have a valid UEI Number?

Yes ☐ → Clearly define your program/project by completing the attached "Defining the Need Worksheet"

No ☐ → Register at SAM.GOV & obtain/renew DUNS #

Register at SAM.GOV & obtain/renew DUNS # → Clearly define your program/project by completing the attached "Defining the Need Worksheet"

Clearly define your program/project by completing the attached "Defining the Need Worksheet" → Meeting National Objective(s)?

Check all below that apply

1. **Individual Benefit:**
   The program/project will benefit persons, 100% of whom are:
   - ☑ Low-to-moderate income persons[1]
2. **Presumed Benefit:**
   The program/project will benefit persons who are exclusively:
   - ☐ Seniors 62 years of age and over
   - ☐ Homeless
   - ☐ Adults meeting Bureau of Census' definitions of "severely disabled persons[2]"
   - ☐ Abused children
   - ☐ Battered spouses
   - ☐ Living with HIV/AIDS
   - ☐ Illiterate
   - ☐ Migrant farm workers
   - ☐ Abused children
3. **Area Benefit:**
   The program/project will benefit all persons in the actual service area[3] in Lee's Summit:
   - ☐ At least 51% of whom are low-to-moderate income persons
   - ☐ That is a City declared blighted area or slum
4. **Spot Benefit:**
   The program/project will eliminate blight conditions from a property or building in Lee's Summit:
   - ☐ That is a City declared blight property or building

Is any checked above?

No ☐ → STOP

It is HUD requirement that any activity to be funded with CDBG grant must meet at least one of the National Objectives. Therefore, your project or program is not eligible for CDBG funding.

Yes ☑ → Does your program/project fall under Special Economic Development or Microenterprise Assistance?

Yes ☐ → Is your program/project a public service activity?

Yes ☐ → Complete Application for Public Service Activity

No ☑ → Continue to the next page

No ☐ → Continue to the next page

No ☐ → What type of for-profit business? _____

What type of for-profit business? _____ → Private rental housing rehab?

Yes ☐ → STOP

City's CDBG program currently does not fund private rental housing rehab

No ☐ → Needing CDBG assistance to create/retain jobs for LMI Lee's Summit residents?

Yes ☐ → For commercial building rehab?

Yes ☐ → Contact the City 969-1200 for additional info before proceeding further

No ☐ → Contact the City 969-1200 for eligibility determination

No ☐ → For commercial building rehab?

Notes:

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

Continue to the next page

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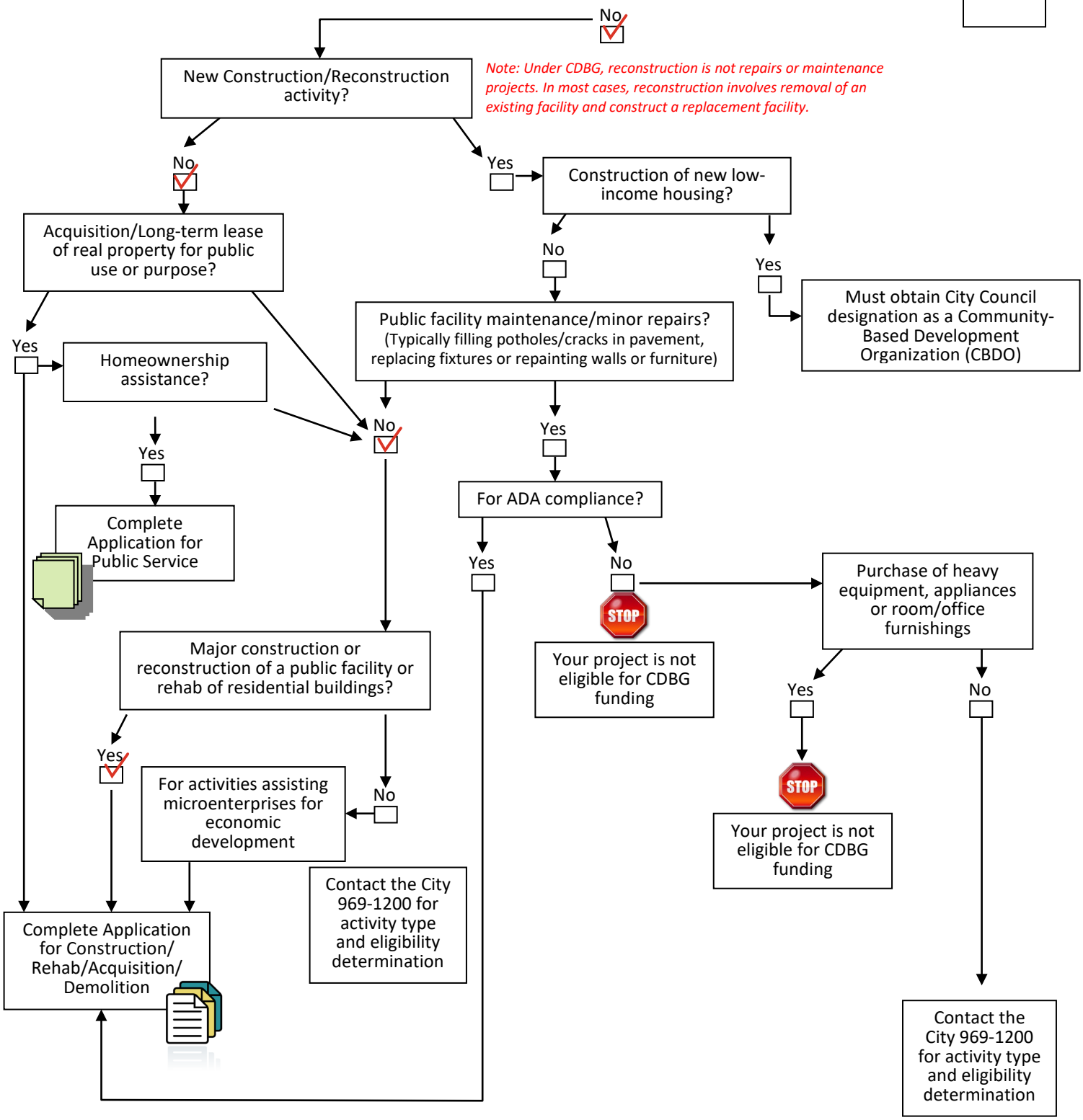

If you have question on if your program/project would fit, please contact the City's Development Services at 969-1247 or email Matthew.Younce@cityofls.net.

DEFINING THE NEED WORKSHEET

Agency Name: Truman Heritage Habitat for Humanity **Program/Project:** Lee's Summit Home Repair Program

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

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

START HERE AND FOLLOW THE NUMBERS

[1] THE NEED

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

Home Preservation Program services include critical home repairs, weatherization and energy efficiency updates, and minor exterior improvements for low-moderate income homeowners. These services are vital in addressing the need outline in the CIty of Lee's Summit's proposed Consolidated Plan addressing access to affordable housing. Repairing aging housing for LMI homeowners will make for safer and decent living conditions.

[2] CAUSES OF THE NEED?
PROVIDE KNOWN/POSSIBLE CAUSES:
LMI households are affected by many factors that are the root causes of need. The most common is the access to affordable home repair options and ability to receive financing due to limited income or fixed income due to retirement or disability.

[3] WHAT IS THE MAGNITUDE OF THE NEED IN LEE'S SUMMIT? *PROVIDE QUANTITATIVE MEASURE:*
The City of Lee's Summit's 2025-29 Consolidated Plan (not yet adopted) has a goal to improve housing access and quality. 47% of LS households are housing cost-burdened, spending >30% of income on housing. According to LS's Comprehensive Plan (2020), 27% of homes were built pre-1980. According to LISC (2024), the primary upgrades required in homes built pre-1980 are major systems like plumbing, electrical, and HVAC, which are of high cost and therefore a greater burden to already cost-burdened households. The City's Consolidated Plan identifies the need for home repair programs that ease the cost burdens of upgrading homes.

[4] WHOSE NEED IS IT?
IDENTIFY ALL WHO HAS THIS NEED (Do not limit to those you serve):
LMI individuals or families without access to financing options
Disabled individuals or Veterans
Aging Adults

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

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

[7] WHAT PROGRAM YOUR AGENCY OFFERS TO ADDRESS THIS PARTICULAR NEED?
NAME AND BRIEFLY DESCRIBE IT:

The Home Preservation program (HPP) provides minor exterior repairs, critical repairs, and Aging in Place modifications on a first come first served basis, for Lee's Summit homeowners qualifying at or below 80% of the area median income. The proposed program will focus on home repair needs that are critical to stabilizing and ensuring long term sustainability and affordability of homeownership.

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

Discounted access to zero percent financing and home repair services including counseling through our HOPE Program (Homeownership Preparation through Education) and providing professional Construction Management services.

[9] HOW HAS IT BEEN/WILL IT BE FINANCED?
IDENTIFY ALL KNOWN/POSSIBLE FUNDING SOURCES:

CDBG Funds

[10] OTHER RESOURCES TO BE LEVERAGED?
IDENTIFY ALL GRANTS, CASH, CASH DONATION, IN-KIND DONATION, VOLUNTEERS, ETC:
CDBG Funding
Truman Habitat General funds
Volunteer labor when applicable
Gift-in-KInd building materials and supplies

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

[12] WHAT OTHER AGENCIES OR PROGRAMS ADDRESS/WILL ADDRESS THE NEED?
IDENTIFY TO THE BEST OF YOUR KNOWLEDGE ALL THOSE THAT ARE AVAILABLE TO YOUR CLIENT BASE:

To the best of our knowledge, there are no other programs or organizations addressing the need of LMI homeowner residents of Lee's Summit with Home Preservation services with no-cost financing.

[13] BASED ON THE ABOVE ANALYSIS OF THE NEED AND AVAILABLE PROGRAMS, HOW MUCH CDBG FUNDS DOES YOUR PROGRAM REASONABLY NEED FOR THE UPCOMING PROGRAM YEAR?
AMOUNT $:
$200,000 ($150,000 direct project cost and $50,000 for administration and management)

[14] HOW IS SUCCESS MEASURED AND IN WHAT WAY IS THE LEVEL OF FUNDING IMPACTING THE LEVEL OF SUCCESS?
DESCRIBE HOW:
Truman Habitat's Home Preservation program gets referrals for critical and minor home repair services and Aging in Place needs on an ongoing basis from community partners, other social service organizations (especially senior service providers), insurance companies. Biggest impact measurement is # of families served to maintain affordable homeownership.

[15] WHAT ARE THE POSSIBLE CONSEQUENCES IF NO CDBG FUNDS ARE GRANTED FOR THE UPCOMING PROGRAM YEAR?
LIST THOSE IN THE ORDER OF LEVELS OF SERIOUSNESS IN YOUR JUDGEMENT:

Distressed homes and neighborhoods
Quality of life diminished
Increased cost burden
Increased code violation
Housing instability and potential homelessness

[16] YOUR AGENCY'S TOTAL ANNUAL BUDGET? (Do not include CDBG funds from Lee's Summit)
AMOUNT $: 6.9mil

[17] YOUR AGENCY'S ANTICIPATED TOTAL EXPENSES FOR THE NEXT PROGRAM YEAR TO BE COVERED BY FEDERAL FUNDS? (Include all)
AMOUNT $: 1.3mil

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

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

LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program

Program Year 2026-27

Agency Name ___Truman Heritage Habitat for Humanity_____

Name of the Program/Project __Lee's Summit Home Repair_____

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	☑	Improve Housing Access and Quality
Homeless	☐	Provide Housing and Services for People Experiencing or At-Risk of Homelessness
Non-Housing Community Development	☐	Improve Public Facilities and Infrastructure
Non-Homeless Special Needs	☐	Provide Public Services
Non-Homeless Special Need, Non-Housing Community Development, Non-Affordable Housing, Non-Homeless	☐	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 2026-27

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

SECTION I --- Summary

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

Applicant Agency Name:	**Truman Heritage Habitat for Humanity**
Not-for-profit organization *(with active 501(c) status)*?	Yes X No ☐
Faith-based organization?	Yes X No ☐
Agency's Street Address: *(PO Box Not Acceptable without City's Consent)*	505 N. Dodgion St.
City/State/Zip:	Independence, MO 64050
Agency's DUNS #:	K46EXNBL29M8
Total Organization Annual Budget in FY 2025-26:	$6.9M
Executive Director:	Christina Leakey
Telephone	T: 816.839.5542
Email Address:	Cleakey@trumanhabitat.org
Governed by Board of Directors?	Yes X No ☐
Total Annual Federal Grants in FY2025-26:	$ 1.3M (est)
Total Federal $$$ to be Expended during Agency's FY2025-26:	*(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)* $ 900,000 (est)
Prior Experience with Similar Projects Funded with Federal Grant?	Yes X No ☐ *(If No, skip the next question)*
Name the Most Recent Such Project and Year:	Lee's Summit Home Repair Program, 2024
Project Manager:	Herbert Webb
Telephone	T: 816.542.0546
Email Address:	hwebb@trumanhabitat.org
Project Key Contact:	Marikate Sears
Telephone	T: 816.264.6965
Email Address:	msears@trumanhabitat.org

Program/Project Title:	**Lee's Summit Home Repair Program**
Location of Project: *(Check one)*	☐ On Site ☐ Off Site X Out of Lee's Summit
Status: *(Check one)*	X On-going CDBG-funded activity ☐ On-going non-CDBG-funded activity ☐ New multi-year activity ☐ New one-time activity
Total Estimated Project Cost: *(Do not fill this blank until you finish the entire form)*	$200,000
Cost Estimate Is Based on: *(You may attach the estimate details)*	Historical construction costs
Cost Estimate Includes: *(Majority of construction and reconstruction projects require these for procurement)*	☐ Property Survey ☐ Engineering Design X Bid Advertising *(in 2 papers at minimum, one of which must be a minority paper)*
Cost Estimate Also Includes: *(May be required for procurement)*	☐ Prevailing Wages for Construction Workers (Davis-Bacon)
# of Clients to be Served: *(Only clients enrolled for service)*	12-15
Client Eligibility by CDBG Definition: *(Check one)*	X 100% L/M Income ☐ Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) ☐ Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) ☐ None of the Above
Amount of CDBG Funding Request for 2026-27: *(Please round to the nearest dollar)*	$200,000
Specifically what will CDBG Funds Pay For? *(Be as specific as possible and avoid using general terms.)*	Funds will be used for minor and critical home repairs to include but not limited to roof replacement, HVAC replacement, exterior painting, health and safety issues, contractors to complete the work, and overhead expenses to administer the program
If Expected, are the Other Funds Secured?	Yes X No ☐

Project Type: *(Check*	☐ Acquisition of Real Property for Public Use ☐ Demolition for a Public Purpose ☐ Not-for-profit Facility Reconstruction ☐ Not-for-profit Facility New Construction ☐ Public Facility/Infrastructure Improvement X Housing Rehabilitation/Repairs	**Brief Description of the Project and the Impact the Requested CDBG Grant will have:** *(150 words or less)*	Projects will address critical homeowner needs whose income is <80% of AMI. These homeowners lack the resources to make needed repairs, and this program will help to keep families in their homes while providing a safe and secure place to live.

one)	☐ Conversion of Non-housing Structure to Housing for L/M Income		

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?	X Benefiting low-to-moderate income persons ☐ Benefiting all persons in a qualified Census Tract *(Contact the City for determination)* ☐ Benefiting an 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)* ☐ 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, or migrant farm workers)* ☐ None of the above (Program is most likely not eligible)
Detailed Description of the Project for Which Funds are Requested: *(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.)*	The project is based on the Habitat for Humanity International (HFHI) Home Preservation Program model which provides needed repairs for low to moderate income households. Truman Habitat is an affiliate of HFHI. Truman Habitat's FY 25/26 project will be a continuation of last year's Lee's Summit CDBG funded program and will provide 15-20 low-moderate income owner-occupied households with home repairs that will improve the safety, affordability and sustainability of the Lee's Summit homeowner and family. Offered services will include roof repairs and replacements, hazardous tree removals, HVAC, insulation, exterior trim/siding, paint, brush clean-up, collapsed sewers and other critical home repairs deemed acceptable by City and meeting the consolidated plan. In some instances, volunteers may be used to assist with the repairs, however generally speaking, these projects will need to be performed by licensed specialists due to the urgency and risk involved. Based on recent history, it is anticipated that project costs for roofs will range between $7,000 - $15,000, and that hazardous tree removal projects will range between $1,500 -$8,000. Other project costs will vary from project to project depending on the scope of work needed. The actual number of households to be served is dependent on actual project costs associated with approved applications. Truman Habitat will continue to work with Lee's Summit City CDBG staff to assure that the household, specific address, and proposed home repairs qualify for CDBG funded services and specific proposed home repairs address the specific problems and address weatherization needs for each site.

If Filing Multiple CDBG Requests, Assign a Priority: *(Must be different from requests.)*	X 1 (Highest) ☐ 2 ☐ 3 ☐ 4 (Lowest)
Project Objectives: *(Check closest one)*	X Improve housing opportunities by creating and preserving decent, safe, affordable rental and homeownership housing. ☐ Create a suitable living environment through infrastructure and public facility improvements. ☐ Reduce and prevent homelessness in the city by providing needed housing and wrap-around services.
Project Outcomes: *(Check closest one)*	☐ Availability/Accessibility *(Making needed facility available/accessible to qualified clients)* ☐ Affordability *(Making the facility affordable to qualified clients)* X Sustainability *(Making the community or neighborhood more viable)*
If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?	Year __N/A_____
If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?	Since 2022 to present, the City of Lee's Summit awarded CDBG funding to Truman Habitat to perform 12-15 home repair projects for eligible households per year. Truman Habitat is in the final phase of completing its current contract and expects to spend all awarded CDBG funds and meet home repair goals. In 2025, the City of Lee's Summit awarded $222,708 in CDBG funding to Truman Habitat to perform 12-15 home repair projects for eligible households. Truman Habitat will begin this project in March 2026.
If This Project is not Funded, What Impact will it have on the Number of Clients Served?	☐ Will Not Change ☐ Will Decrease Slightly ☐ Will Decrease Significantly ☐ No Clients Will be Served X No Additional Clients Will be Served
If this Project is Not Funded in this Program Cycle, Your Agency or Service: *(Check all that apply.)*	X Will Not be Hurt as a Result ☐ Will Face Legal Liabilities ☐ Will Face Termination of a Critical Program ☐ Will Face Growing Complaints from Clients ☐ Will Face Code Violation Citations and Penalties ☐ Other_____
Factors Potentially Affecting the Implementation of this Project: *(Check all that apply.)*	☐ Likely Personnel Change at the Agency ☐ No Procurement Professional on Staff Familiar with Federal Procurement Rules ☐ Relocation of Current Service from the Existing Facility to Allow Construction ☐ Availability and Timing of Other Funds for this

Detailed Justification of the Need: *(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.)*	Truman Habitat will continue to deliver a service already identified, and previously provided, by the City in response to a priority need for owner-occupied home repair for existing Low to Moderate Income homeowners. Habitat offers the City the benefit of our expertise and the value of the Habitat for Humanity Home Preservation Program model using the same CDBG funding source as last year. Utilizing Truman Habitat for Humanity as a grant sub recipient provides greater home repair program impact at affordable home repair costs by utilizing Habitat gift-in-kind products and supplies; volunteer labor support; construction management expertise and donations restricted to the Home Preservation Program to be combined with CDBG funds.
This Project is Directly Related to the Applicant's Service of Providing:	X Affordable Housing and Transitional Housing ☐ Public Housing/Housing Choice Voucher Program ☐ Temporary Shelter ☐ Childcare ☐ Youth Services ☐ General Public Services ☐ Services for Seniors and the Disabled ☐ General/Mental Health Services ☐ Education Services ☐ Job Training/Readiness Services ☐ Drug/Alcohol Abuse Counseling/Treatment ☐ Other_____

	Project ☐ Approval from Other Authorities ☐ Design/Redesign of the Facility ☐ Lack of Records Detailing the Physical Nature of the Existing Facility X Weather-sensitive ☐ Other Possible External Factors
If Procurement is Required for the Project, You Expect?	X Procurement to be Done In-house ☐ To Request for City Service on Our Behalf ☐ Decision to be Made at a Later Date ☐ Withdraw This Funding Request

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 2026-27 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		$60,000	$10,000	$	$		$		$	$50,000
CONSTRUCTION/REHAB										
Demolition/Removal		$	$	$	$		$		$	$
Site Preparation		$	$	$	$		$		$	$
Construction		$	$	$	$		$		$	$
Rehabilitation		$170,000	$	$20,000	$		$		$	$150,000
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
Rehabilitation/Construction	Figures reflect dollars to subcontractors, construction materials, and contract labor	
Scope of Service/Specifications	Project management and overhead	

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	
2026-27	$200,000	$	$	$200,000	$	$	$	15-20
2027-28	$200,000	$	$	$200,000	$	$	$	15-20

**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**
	Paul Menne	816.529.4428
	Brandyce Parks	816.807.4086
	Celeste Maddocks	816.522.7611
	Dan O'Neill	816.786.0317
	Dr. Brandy Archie	816.301.5170
	Laurie Dean Wiley	816.853.0977

Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: *(Check all that apply)*	X Non-home-based office space X 24-hour designated business phone line or answering service X Designated project manager ☐ Full-time secretarial/clerical person X Certified financial/accounting person on staff X Certified procurement/purchasing person X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) X Computerized client information system X Secured client records filing system (for client confidentiality) X Designated independent financial audit service X Annual financial audit or financial reporting X Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. X Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit
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) ☐ Not sure and would need City's assessment to make that determination ☐ Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance ☐ Do not and will not be able to meet HUD's requirements due to _____ ☐ Have reviewed HUD's requirements, but do not understand them and need further explanation

When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.

If CDBG-funded, the Property, Facility or Product will be: *(Check all that apply)*	☐ Used without user fees ☐ Leased/subleased to other agencies resulting in a lease income ☐ Will be sold when no longer needed ☐ Will be donated for a public purpose

Displacement of Persons? *(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)*	☐ Yes X No ☐ Not Sure
Describe your Agency's In-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: *(It is required that you attach to this application a copy of your program in-take form.)*	Truman Habitat strictly follows the HUD approved Part 5 method of income verification. Upon receipt of application, Habitat staff will complete a checklist of approval of the intake form (attached). Household income, homeownership, site location, and other qualifying factors will be properly documented based on verification of a completed program application and supporting documents.
Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	☐ Make up the difference with other funds available to the agency ☐ Phase the project out and do only a portion this year *(future funding not guaranteed)* X Withdraw application and cancel the project ☐ Withdraw application but proceed with the project ☐ Not sure what we can do with that amount

Minimum Amount of CDBG Funds Needed to Make This Project Work:	**(4.8.1) *Amount***	**(4.8.2) *Why***
	$180,000	Required to complete at least 12 home repair projects between $12,000 and $17,000 in Lee's Summit

Project Schedule – Your Agency Plans to Start Project Construction:	☐ Before end of 2026 X Within first half of 2027 ☐ Within second half of 2027 ☐ Totally depending on when other funding becomes available ☐ Not sure for other reasons
Notes: Additional Board Members	Jenn Griffith-816.769.8435 Angie Judy-816.588.7412 Mark McDonald-816.806.9179 Steve Shockey-816.898.7755 Kenneth Soule-816.217.4054 Kevin Stallings-816.223.7179 Gayle Williams-816.739.1207 Shawn Woods-816.365.8814

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.

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

[signature]	Home Preservation Program Manager	2/5/2026
Signature – Person Completing the Application	Title	Date
[signature]	President & CEO	2/5/2026
Signature – President/CEO of the Agency	Title	Date
[signature]	Board Chairman	2/5/2026
Signature – Board of Directors Chair	Title	Date

COMPLETE APPLICATION CHECKLIST

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

Attachment 4

File Number: 20040062111
Charter # N00040952
Date Filed: 12/31/2003
Matt Blunt
Secretary of State

CERTIFICATE
TO
AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF THE
THREE TRAILS HABITAT FOR HUMANITY, INC.

Pursuant to Section 355.576 of the Missouri Nonprofit Corporation Act (the "Act"), Three Trails Habitat for Humanity, Inc., a Missouri nonprofit corporation (the "corporation"), for the purpose of amending and restating its Articles of Incorporation, hereby executes the following certificate and states:

1. The Corporation does not have members; therefore, the Amended and Restated Articles of Incorporation of the Corporation ("Amended and Restated Articles") do not contain any amendment requiring the approval of the members. On Nov. 20, 2003, the Board of Directors of the Corporation (the "Board") adopted the Amended and Restated Articles of the Corporation.

2. That approval of the Amendments contained in the Amended and Restated Articles of Incorporation of the Corporation did not require approval by some person(s) other than the members, the board or the incorporators pursuant to Section 355.606 of the Missouri Nonprofit Act.

In affirmation of the facts stated above,

Duane G. Graham, President

State of Missouri 8 pgs
Amend/Restate - NonProfit X Page(s)
T0336507048

1045703.1

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF THE
THREE TRAILS HABITAT FOR HUMANITY, INC.

At a meeting of the Board of Directors at which a quorum was present, held on November 20, 2003, and upon motion duly made and seconded, the members of the board of directors of Three Trails Habitat For Humanity, Inc. ("Corporation") duly approved the restatement and amendment of its Article of Incorporation ("Articles") pursuant to the provisions of the "General Not For Profit Corporation Law," as amended, of the State of Missouri. As such, the Articles are hereby amended and restated in full as follows:

Article I
Name of Corporation

The name of the Corporation is changed from THREE TRAILS HABITAT FOR HUMANITY, INC. to TRUMAN HERITAGE HABITAT FOR HUMANITY, INC.

Article II
Public Benefit Corporation

This Corporation is a public benefit Corporation.

Article III
Duration

The period of duration of the Corporation is perpetual.

Article IV
Registered Agent

The address of its registered office in the State of Missouri is 214 South Spring Street, Independence, Missouri 64050 and the registered agent at said address is Ralph E. Pratt.

Article V
Incorporators

The name and place of residence of the Incorporators are as follows:

Darlene Caswell, 1200 West 35th Street, Independence, MO 64055
A. Hugh Kensler, 3817 South Union, Independence, MO 64055
Robert J. Reeds, 17316 East 50th South Court, Independence, MO 64055
Harold M. Johnson, 400 West Maple, Independence, MO 64050

Article VI
Membership

The Corporation shall have no members.

Article VII
Nonstock Corporation

The Corporation shall not issue shares of stock and shall not issue any dividends.

Article VIII
Board of Directors

The Board of Directors shall consist of no fewer than twelve (12), or more than eighteen (18), persons who shall be appointed or elected as provided by the By-laws of the Corporation.

The Board of Directors shall be self-perpetuating and in the event of any vacancy in the Board of Directors through death, resignation, removal or other causes, the remaining directors, by affirmative vote thereon, may elect a successor.

Article IX
Advisory Council

The Board of Directors may from time to time appoint an Advisory Council to inform and advise the Board of Directors upon any particular item or subject coming before the Board of Directors. Members of the Advisory Council shall not have any vote. Members of the Advisory Council shall be appointed or elected, as provided by the By-laws of the Corporation.

Article X
Purposes

The Corporation is formed for the following purposes:

(a) To witness to and implement the Gospel of Jesus Christ in Missouri and throughout the United States and the world by working with economically disadvantaged people to help them create a better human habitat in which to live and work;

(b) To cooperate with other charitable organizations, through grants and otherwise, which are working to develop a better human habitat for economically disadvantaged people;

(c) To communicate the Gospel of Jesus Christ by means of the spoken and written word;

(d) To receive, maintain, and accept as assets of the Corporation, any property, whether real, personal, or mixed, by way of gift, bequest, devise or purchase from any person, firm, trust or corporation, to be held, administered and dispose of exclusively for charitable, religious, educational and scientific purposes within the means of Section 501(c)(3) of the Internal Revenue Code, as amended, and in accordance with and pursuant-to the provisions of these Articles of Incorporation; but no gift, bequest, devise or purchase of-any such property shall be

received or made and accepted if it is conditioned or limited in such manner as shall require the disposition of income or principal to any organization other than a "charitable organization" or for any purposes other than "charitable purposes" which would jeopardize the status of the Corporation as an entity exempt from federal income tax pursuant to the relevant provisions of the Internal Revenue code, as amended.

(e) To exclusively promote and carry on any other religious, charitable, or educational purposes and activities for which corporations may be organized and operated under the relevant provisions of the Internal Revenue Code, as amended, and under the Missouri Non-Profit Corporation Code.

Article XI
Corporation's Powers

The Corporation shall have the following powers:

(a) To receive contributions of and make distributions of money, property, and services for the exclusive charitable, educational or religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended.

(b) To purchase, take, receive, lease as lessee, take by gift, devise or bequest, or other acquire, and to own, hold, use, and otherwise deal in and with any real or personal property, or any interest therein, situated in or out of this state, as may be necessary and proper for carrying on its legitimate affairs, and to pay the ordinary, necessary, and proper costs of carrying on these transactions.

(c) To sell, convey, mortgage, pledge, lease as lessor, and otherwise dispose of all or any part of its property and assets, and to pay the ordinary, necessary, and proper costs of carrying on these transactions, and to receive funds or other considerations for the performance of its services or net proceeds from the sale or other disposition of its assets, providing these receipts are used exclusively for the charitable, educational or religious purposes for which this Corporation is organized, including other exempt-organizations described in Article Seven, paragraph (e) of these articles.

(d) To receive and take by gift, grant, assignment, transfer, devise or bequest, any real or personal property in trust for any charitable, religious or educational purpose and for such other purposes as may be necessary and proper for carrying on its legitimate affairs and to execute and perform all such trusts in accordance with the terms, conditions, limitations, and restrictions thereof.

(e) To purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, use or employ shares of other interests in or obligations of domestic or foreign Corporations, whether for profit or not for profit, associations, partnerships, or individuals; and to sell, mortgage, loan, pledge, or otherwise dispose of, such shares, interests, or obligations.

(f) To make contracts and incur liabilities which may be appropriate to enable it to accomplish any or all of its purposes; to borrow money for its corporate purposes at such rates of interest as the Corporation may determine; to issue its notes, bonds, and other obligations; and to

secure any to its obligations by mortgage, pledge, or deed of trust of all or any of its property, franchises; and income.

(g) To invest its funds from time to time in any real or personal property; to lend money for its corporate purposes; and to take and hold real and personal property as security for the payment of funds so invested or loaned;

(h) To conduct its affairs; carry on its operations, and have offices within and without this estate, and to exercise in other states, territory, district or possession of the United States, or in any foreign county or other place, the powers granted by this State of Missouri, but subject to the laws of such state, territory, district, federal government, or foreign nation.

(i) To elector appoint officers and agents of the Corporation, and to define their duties and fix their compensations.

(j) To make and alter bylaws and operating procedures not inconsistent with those articles of incorporation or with the laws of this state, for the administration and the regulation of the affairs of the Corporation;

(k) To-sue and be sued, complain and defend, it its corporate name.

(l) To have a corporate seal which maybe altered at pleasure, and to use the same by causing it, or a facsimile thereof, to be impressed or affixed or in any other manner reproduced.

(m)To cease its corporate activities, surrender its corporate franchise, and distribute its assets after paying all liabilities of the Corporation as provided by Article Twelve of these articles.

(n) To have and exercise all powers necessary or convenient to affect any or all of the purposes for which the Corporation is organized.

Article XII
Board of Director's Powers

(a) Except as may be otherwise specifically provided by statute, the articles of incorporation of the Corporation as from time to time amended or bylaws provisions adopted from time to time by the Board of Directors of the Corporation, all powers of management, direction and control of the Corporation shall be and hereby are vested in the Board of Directors.

(b) The Board of Directors shall have the power to make, and from time to time repeal, amend, and alter the bylaws and operating procedures of the Corporation, or to adopt new bylaws; provided, however, that the paramount power to make, repeal, and alter the bylaws, or to adopt new bylaws, shall always be vested in the Board of Directors, which power may be exercised by a vote of a majority thereof, unless a different vote shall be provided in the bylaws or operating procedures, at any regular or special meeting of the Board of Directorship; provided further that thereafter, the directors shall have the power to suspend, repeal, amend, or otherwise alter the bylaws or any portion thereof so enacted by the Board of Directors, unless the Board of Directors in enacting such-bylaws or portion thereof shall otherwise provide.

(c) The Corporation in its bylaws may agree to the terms and conditions upon which any director or officer accepts his office or position and similarly in such manner may agree to indemnify and protect each and all of such persons against all costs and expenses reasonably incurred by any or all of them, and all liability imposed or threatened to be imposed upon any or all of them, by reason of or arising out of their or any of them being or having been a director or officer of this Corporation; but any such bylaw provision shall not be exclusive of any other right or rights of any such director or officer to be indemnified and protected against such costs and liabilities which he may otherwise possess.

Article XIII
Meetings

The Board of Directors shall have power to hold their meetings, if the bylaws so provide, and to keep the books (except the original books required to be kept in the State of Missouri, pursuant to the laws thereof) outside of the State of Missouri, and to have one or more offices, within or without the State of Missouri, at such places as may be from time to time designated in the bylaws or by resolution of the Board of Directors.

Article XIV
Limits on Corporation's powers

The powers and activities of the Corporation shall be limited as follows:

(a) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to any of its Board of Directors, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these articles of incorporation. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

(b) Anything contained in these articles of incorporation notwithstanding, the Corporation shall not carry on or otherwise engage in any activities not permitted to be carried on or engaged in by: (i) a Corporation exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue Law); (ii) by a Corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law); or (iii) a Corporation organized and existing under the Missouri Nonprofit Corporation Act.

Article XV
Dissolution

In the event of the dissolution and liquidation of this Corporation, to the extent allowed or permitted under applicable laws, the property and assets of the Corporation shall be, as determined by the Board of Directors, distributed to or sold and the proceeds of such sales

distributed to (i) Habitat for Humanity International, Inc., a Georgia Non-Profit Corporation and a Corporation exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, as amended, or (ii) any other organization(s) organized and operating for the same purposes for which the Corporation is organized and operating or any organization(s), foundation(s), fund(s) or Corporation(s) organized and operating exclusively for religious, charitable, scientific, educational, or other purposes permitted by Section 501(c)(3) of the-Internal Revenue Code, as amended, all of which such organizations, foundations, funds, or Corporations shall be exempt under Section 501(c)(3) of the Internal Revenue Code, as amended. In the event that any assets are not disposed of in accordance with the provisions of these Articles of Incorporation or that the Corporation shall fail to act within a reasonable time in the manner provided in these Articles of Incorporation, the Circuit Court of Jackson County, Missouri, shall, upon application of one or more persons having a real interest in the Corporation or its assets, make such distribution(s) as provided in these Articles of Incorporation.

Article XVI
Power to Amend

This Corporation reserves the right to amend, alter, or repeal any provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by the statutes of Missouri, and all rights and powers conferred herein are granted subject to this reservation; and in particular, the Corporation reserves the right and privilege to amend its Articles of Incorporation from time to time, in the manner and upon such minimum vote of the Board of Directors entitled to vote thereon as may at the time be prescribed or permitted by the laws of Missouri, or upon such larger vote as may be required by the Articles of Incorporation of this Corporation, and to accept and avail itself, or subject itself to, the provisions of any statutes of Missouri, hereafter enacted pertaining to not-for-profit corporations and to exercise all the rights, powers, and privileges conferred upon Corporations organized thereunder or accepting the provisions thereof and assume the obligations and duties imposed therein, upon the favorable vote of a majority of the Board of Directors of the Corporation entitled to vote thereon.

WITNESS WHEREOF, the undersigned Corporation has caused these Amended Articles of Incorporation to be executed in its name by its President and its Secretary

THREE TRAILS HABITAT FOR HUMANITY, INC.

(SEAL)

By: Duane G. Graham
Duane G. Graham, President

Attested:

Phillip Caswell
Phillip Caswell, Secretary

STATE OF MISSOURI)
)ss.
COUNTY OF JACKSON)

I, Billie Hardy, a Notary Public, do hereby certify that on the 4 day of December, 2003, Duane G. Graham, President, and Phillip Caswell, Secretary, personally appeared before me and being first duly sworn by me, acknowledged that they signed as their free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true to their best knowledge and belief.

BILLIE HARDY
Notary Public – Notary Seal
State of Missouri
County of Jackson
My Commission Expires Mar 15, 2004

Billie Hardy
Notary Public

My commission expires:
3/15/04

State of Missouri

Matt Blunt
Secretary of State

CERTIFICATE OF AMENDMENT AND RESTATEMENT
OF A
NONPROFIT CORPORATION

WHEREAS,

TRUMAN HERITAGE HABITAT FOR HUMANITY, INC.
N00040952

Formerly,

THREE TRAILS HABITAT FOR HUMANITY, INC.

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

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 31st day of December, 2003.

Matt Blunt

Secretary of State

Lee's Summit Home Repair Program

Thank you for your interest in home repair through the Home Preservation Program at Truman Heritage Habitat for Humanity, in partnership with the City of Lee's Summit. **This program is for non-emergency, minor or critical home repairs for those living in Lee's Summit.**

Please be advised that we are only accepting interest for Lee's Summit homeowners, as all of our other programs are full. Completion of this form will record your information in our database. This is NOT an application. If your repairs are urgent, please consider contacting Community Action Agency of Greater Kansas City at 816-358-6868 or United Way at 2-1-1.

Completion of this form will record your information in our database and help us determine if you may be a good candidate.

Submitted By *

Habitat employee, volunteer, or homeowner that is filling out the form

Select or enter value

Personal Information:

Last Name *

First Name *

Middle Initial

Prior Names

Phone Number *

+1 (___) ___-____

Email

Address Line 1 *

Address Line 2

City, State *

If your city is not in the dropdown list, you are located outside of our service area.

Lee's Summit, MO

ZIP Code *

Is there another co-owner of your house?

Select or enter value

Have you received any services from Truman Heritage Habitat in the last five years? *

- ◯ Yes
- ◯ No

Is anyone in the home 62 or older? *

- ◯ Yes
- ◯ No

Did anyone in the home serve in the armed forces? *

- ◯ Yes
- ◯ No

Questions to determine eligibility for a HPP program:

In order to qualify for any of our HPP programs, the following criteria must be met:

- Owner occupied home
- Current on mortgage payments
- Current on property taxes
- Possess homeowner insurance
- Meet income requirements of 60-80% area median income (AMI) based on HUD household size

Do you own and reside in the home you wish to repair? *

- ◯ Yes
- ◯ No

Have you declared bankruptcy or foreclosure within the last year? *

- ◯ Yes
- ◯ No

Are you current on mortgage payments and property taxes? *

- ◯ Yes
- ◯ No

Do you have homeowner insurance?

- ◯ Yes
- ◯ No

How many people live in the home? *

Select or enter value

Approximate age of home:

Approximate age of furnace:

Approximate age of AC:

Approximate age of water heater:

What kind of repairs are you looking for? *

Select

How did you hear about us? *

Additional Notes

Send me a copy of my responses

Submit

Home Preservation Program

Eligibility

To qualify for any of our HPP programs, the following criteria must be met:

- Owner occupied home
- Current on mortgage payments
- Current on property taxes
- Possess homeowner insurance
- Cannot own more than one property
- Prior assistance on property disqualifies applicant from receiving further funds for 5 years
- Meet program income requirements 80% or below area median income (AMI) based on HUD household size (table below), location, and funding source

	Combined GROSS Household Income
	80% AMI
1	$62,400
2	$71,300
3	$80,200
4	$89,100
5	$96,250
6	$103,400
7	$110,500
8	$117,650

To Apply

- Complete applications with all documents listed below can be dropped off or mailed to 505 N Dodgion St, Independence, MO 64050, or emailed to homerepair@trumanhabitat.org.
- Applications cannot be considered complete until the Truman Habitat HPP Manager verifies receipt of all documentation required.

Required Documentation

Please submit copies of the following with your completed application. Truman Heritage Habitat for Humanity follows HUD Part 5 income verification guidelines. The following documentation is required for **all household members over 18 years of age**. Checklist provided in Exhibit A.

- Income Documentation:
  - 3 concurrent paystubs if currently employed
  - Social Security and/or disability award letters **DO NOT SEND SOCIAL SECURITY CARD**
  - 3 months of bank statements including saving accounts (to verify income reported on application)
  - Pension and 401K statements (if any)
  - Documentation of any other sources of income (child support, retirement, etc.)
- Homeownership Documentation:
  - ID or license **DO NOT SEND SOCIAL SECURITY CARD**
  - Deed or mortgage statement (showing name, address, and up to date on payments)
  - Homeowner insurance statement (showing name, address, and up to date on payments)
  - Most recent utility bills (gas, electric, water)
- Veteran Documentation:
  - DD 214

Home Preservation Program

Truman Heritage Habitat for Humanity®
505 N Dodgion St
Independence, MO
816-461-6551
www.trumanhabitat.org

EQUAL HOUSING OPPORTUNITY

We are pledged to the letter and spirit of US policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applicant Information

Applicant's Legal First, Middle and Last Name:

List any other names by which you are or have been known, or any other names under which credit was previously received (First, Middle, Last, Suffix):

Date of Birth:	Marriage Status: ○ Single ○ Married ○ Unmarried	Have you been a member of the armed services? ○ Yes ○ No

Telephone number(s) where you can be reached:	E-Mail Address:

Home Address: (street, city, state, zip code)

Co-Applicant or Other Household Member 18+ Information

Co-Applicant or Other Household Member 18+'s Legal Name (First, Middle, Last, Suffix):

List any other names by which you are or have been known, or any other names under which credit was previously received (First, Middle, Last, Suffix):

Date of Birth:	Marriage Status: ○ Single ○ Married ○ Unmarried	Have you been a member of the armed services? ○ Yes ○ No

Telephone number(s) where you can be reached:	E-Mail Address:

Dependents living in the home with you (Not including Co-Applicant)		
First, Middle Initial and Last Name	**Relationship**	**Date of Birth**

Income

Please review the income categories below. Household income is calculated following HUD Part 5 (Section 8) Income and Asset Inclusions and Exclusions from 24 CFR 5.609(b) and (c). This includes, but is not limited to, the gross amount of full and part time jobs, Social Security, Disability, VA Benefits, and Pension payments. Supporting documentation and bank statements are required when applying to verify income. Household income takes into consideration all members of the household over the age of 18. In the table below, list monthly GROSS income for all household members.

Combined GROSS Household Income				
Source of Income	**Applicant**	**Co-Applicant/Co-owner**	**Person(s) Age 18+ Living in the Home**	**Person(s) Age 18+ Living in the Home**
Gross Monthly Wage(s)	$	$	$	$
Gross Monthly Wage(s)	$	$	$	$
Social Security Award Amount	$	$	$	$
Disability Award Amount	$	$	$	$
Child Support Award Amount	$	$	$	$
Unemployment	$	$	$	$
Other (Pension/Retirement)	$	$	$	$
Other (Pension/Retirement)	$	$	$	$
Student				
Zero Income (see Exhibit B)				
Total Monthly Income	$	$	$	$

Repair Work Requested

Please refer to the following list of home repair work. Repair work is restricted to the list below and can vary based on location, funding source, and availability of funds. The repair items listed below can be done as part of this program based on an inspection of your home conducted by Habitat. Please check items of particular interest to you. Please note that there is a limited budget and not all work checked may be possible.

Major Systems	Critical Health and Safety	Municipal Code Violations
○ Roof ○ Electrical ○ HVAC ○ Sewer Line ○ Water Line	○ Dangerous Tree Removal ○ Smoke and CO Detectors ○ Dangerous Porch/Stoop ○ Exterior Doors ○ Entry Door from Garage to home	○ Exterior Paint ○ Siding and Exterior Trim Repair ○ Broken Window Repair or Replacement
Energy Efficiency		**Accessibility Modifications**
○ Weatherization items based on Energy Audit performed by Truman Habitat		○ Egress ○ Chair Height Toilet ○ Grab Bars ○ Handrails ○ Ramp ○ Bathroom Modifications

Notes related to an item checked above (code violation, age of HVAC equipment, safety concerns, etc.):

Do you plan to stay in your home for the next 5 years?			
	Yes		No

Willingness to Partner

I, , understand that by filing this application, I am authorizing Truman Heritage Habitat for Humanity (THHFH) to evaluate my need for repair work to my home, and my willingness to partner. **Willingness to partner extends to all members of my household. My willingness to partner, and that of my household members, includes respectful and responsive communication with THHFH staff, providing safe and accessible conditions in my home, and agreement to not be under any substances while THHFH Staff or Subcontractors are in my home.** I understand that the evaluation of this application will include a personal visit(s) and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully or do not provide the appropriate documentation, my application may be denied, and that even if I have already been selected for the Home Preservation Program, I may be disqualified from the program. The original copy of this application will be retained by Truman Heritage Habitat for Humanity even if the application is not approved.

I also understand that THHFH screens all applicant families on the sex offender registry, Missouri CaseNet, and Jackson County parcel records. By completing this application, I understand I am submitting myself and all persons listed on the application to such an inquiry and certain findings may disqualify me from the program.

Applicant Signature	Date	Co-Applicant/Co-Owner Signature	Date

Demographic Information Requested

Please Read This Statement Before Completing the Box Below: The following information is requested so Truman Habitat can report on the broad cross section of the population being served by this program. You are not required to furnish this information but are encouraged to do so. Truman Habitat will neither discriminate on the basis of this information, nor on whether you choose to furnish the information. Information specific to the applicant will be kept confidential.

Applicant	Co-Applicant/Co-Owner
Race/National Origin (Check one or more): ● American Indian or Alaskan Native ● Native Hawaiian or other Pacific Islander ● Black/African American ● White/Caucasian ● Asian Other_____ **Ethnicity:** ● Hispanic or Latino ● Not Hispanic or Latino ● I do not wish to furnish information on race or ethnicity **Gender:** ● Female ● Male ● I do not wish to furnish information on gender	**Race/National Origin (Check one or more:** ● American Indian or Alaskan Native ● Native Hawaiian or other Pacific Islander ● Black/African American ● White/Caucasian ● Asian Other_____ **Ethnicity:** ● Hispanic or Latino ● Not Hispanic or Latino ● I do not wish to furnish information on race or ethnicity **Gender:** ● Female ● Male ● I do not wish to furnish information on gender

The number of household members that have a disability:

Dependent or Other Living in the Home	Dependent or Other Living in the Home
Race/National Origin (Check one or more): ● American Indian or Alaskan Native ● Native Hawaiian or other Pacific Islander ● Black/African American ● White/Caucasian ● Asian Other_____ **Ethnicity:** ● Hispanic or Latino ● Not Hispanic or Latino ● I do not wish to furnish information on race or ethnicity **Gender:** ● Female ● Male ● I do not wish to furnish information on gender	**Race/National Origin (Check one or more:** ● American Indian or Alaskan Native ● Native Hawaiian or other Pacific Islander ● Black/African American ● White/Caucasian ● Asian Other_____ **Ethnicity:** ● Hispanic or Latino ● Not Hispanic or Latino ● I do not wish to furnish information on race or ethnicity **Gender:** ● Female ● Male ● I do not wish to furnish information on gender

Dependent or Other Living in the Home	Dependent or Other Living in the Home
Race/National Origin (Check one or more): ● American Indian or Alaskan Native ● Native Hawaiian or other Pacific Islander ● Black/African American ● White/Caucasian ● Asian Other_____ **Ethnicity:** ● Hispanic or Latino ● Not Hispanic or Latino ● I do not wish to furnish information on race or ethnicity **Gender:** ● Female ● Male ● I do not wish to furnish information on gender	**Race/National Origin (Check one or more:** ● American Indian or Alaskan Native ● Native Hawaiian or other Pacific Islander ● Black/African American ● White/Caucasian ● Asian Other_____ **Ethnicity:** ● Hispanic or Latino ● Not Hispanic or Latino ● I do not wish to furnish information on race or ethnicity **Gender:** ● Female ● Male ● I do not wish to furnish information on gender

Exhibit A:

Application Documentation Checklist

	Copy of Driver's License or ID card for all household members 18+ (redacting driver's license number is encouraged) **DO NOT SEND SOCIAL SECURITY CARD**
	Deed or most recent mortgage statement
	Homeowner insurance declaration page (redacting policy or account number is encouraged)
	Utility bills - power, water, gas (redacting account number is encouraged)
	3 most recent, consecutive paystubs for all household members 18+
	Most recent Social Security and/or Disability **Award Letter** for all household members 18+ **DO NOT SEND SOCIAL SECURITY CARD**
	Award letter for retirement or pensions for all household members 18+
	Documentation of any other forms of income for all household members 18+
	3 months of bank statements (redacting account number is encouraged)
	DD 214 (SSN redacted)

Exhibit B:

Certification of Zero Income

This form is to be completed by a household member aged 18 or older who claims no income from any source.

Name: _____

I hereby certify that:

(1) I do not receive income from any of the following sources:

a. Wages from employment (including commissions, tips, or bonuses)
b. Alimony, child support, or maintenance
c. Income from operation of a business or farm
d. Rental income from real estate or personal property
e. Interest or dividends from financial assets
f. Social Security payments or pension payments, including death benefits
g. Payments from annuities, insurance policies, or retirement funds
h. Unemployment, disability, workman's compensation, or severance payments
i. Public assistance payments (excluding SNAP or LIHEAP)
j. Recurring gifts from organizations or persons outside my household
k. Alaska PFD, other State, Native American Tribal, or Native Alaskan Village Corporation distributions or dividends

(2) Choose all that apply:

- ○ There is no change expected in my income or employment status during the next 12 months*.
- ○ I am looking for employment. I have been unemployed since_____.
- ○ I am currently a student or in an unpaid apprentice program and not receiving income.

(3) The information provided above is true, complete and accurate. I understand that providing false representation herein may constitute an act of fraud. I acknowledge information provided is being used for specific purpose of determining my household is eligible to receive assistance from the Home Preservation Program of Truman Heritage Habitat for Humanity. I will fully cooperate with the Program Manager and Affiliate to obtain or provide any necessary documents to confirm the information provided.

_____

Signature **Date**

*If a person is expecting a change in their income or employment status during the next 12 months, income from those sources should be verified and included in calculation of income. For example, if the person has an offer of employment, or is on temporary leave of absence or laid off from their employer and expecting to return to work, income from those sources should be included in income calculation.

TEMPLATE MAKE A COPY

Task Name	Complete	Not Applicable	Task Owner	Date	Notes
Client Information	☐	☐			
Contact	☐	☐			
NAME	☐	☐			
EMAIL	☐	☐			
PHONE	☐	☐			
ADDRESS	☐	☐			
PROGRAM	☐	☐			
Site Visit and Application	☐	☐			
Documentation Required to Consider Application "Complete"	☐	☐	**Marikate Sears**		
Drivers License	☐	☐			
Deed or Mortgage Statement	☐	☐			
Homeowner Insurance Statement	☐	☐			
3 Concurrent Paystubs (if currently employed)	☐	☐			
Social Security and/or Disability Statement	☐	☐			
3 Months of Bank Statements	☐	☐			
Pension and 401K Statements (if any)	☐	☐			
Last 2 yrs of 1040 Tax Filings	☐	☐			
Documentation of any other sources of income (child support, retirement, etc.)	☐	☐			
Utilities Bills	☐	☐			
Signed Forms	☐	☐	**Marikate Sears**		
Application Signature Page	☐	☐			
Household Member Questionnaires for each 18+ resident (FHLB)	☐	☐			
Financial Education Offer (FHLB)	☐	☐			Send to Crystal if homeowner opts in
Certification of Zero Income, if necessary	☐	☐			
Special Needs Certification (FHLB)	☐	☐			
Signed HH Member Page (FHLB)	☐	☐			
Create Client Folder	☐	☐	**Marikate Sears**		
Eligibility Calculator	☐	☐			Or Income Calculation Workbook
Convert/Add Contact in Salesforce	☐	☐			
Ascend Web Search	☐	☐			
Case.net Search	☐	☐			
MO Sex Offender Registry Search	☐	☐			
IPL/Spire	☐	☐	**Stephen Collins**		
Perform Energy Audit	☐	☐			
Generate Work Order	☐	☐			
Generate SOWs (Co-Delivery and Spire Only)	☐	☐			
Submit for Approval	☐	☐			

Task Name	Complete	Not Applicable	Task Owner	Date	Notes
Draft Initial SOW	☐	☐			
{Insert Project Total}	☐	☐			
ERR	☐	☐			**Required if Veteran going through VHRMP**
106	☐	☐			
Directional Photos	☐	☐			
SOW	☐	☐			
Tier II	☐	☐			
Jackson County Data	☐	☐			
NEPAssist Report	☐	☐			
FEMA Flood Maps	☐	☐			
Site Specific Checklist	☐	☐			
Radon Testing	☐	☐			
Lead Testing or Exemption Form	☐	☐			**EPA Pre-renovation Form**
Risk Assessment	☐	☐			
Clearance Test	☐	☐			
Submitted	☐	☐			
Approved	☐	☐			
VHRMP	☐	☐	**Marikate Sears**		**Copy to Client Folder in Drive**
ERR approved through HEROS	☐	☐			
Claim	☐	☐			
Property Information	☐	☐			
Built prior to 1979	☐	☐			
Attach ERR	☐	☐			
Attach SOW	☐	☐			
Homeowner/Veteran Information	☐	☐			
Personal Info	☐	☐			Name, gender, age, race, ethnicity
Branch Served	☐	☐			
Final Rank	☐	☐			
Service Period	☐	☐			
AMI Range	☐	☐			
Honorable or General Discharge and disability confirmed?	☐	☐			Attach Disability Documentation and Proof of Veteran Status
Disability Documentation	☐	☐			
Proof of Veteran Status	☐	☐			
Proof of Primary Residence	☐	☐			
Is the Homeowner also the Veteran?	☐	☐			If no, Homeowner's Name; if no, Relationship to Veteran
Number of Veterans living in the home	☐	☐			
Number of adults living in the home	☐	☐			
Number of Children Living in the home	☐	☐			
Certification	☐	☐			

Task Name	Complete	Not Applicable	Task Owner	Date	Notes
Match $	☐	☐			
Leverage $	☐	☐			
VHRMP Grant $	☐	☐			
Attach VHRMP Certification Workbook	☐	☐			
Narrative - PM	☐	☐			**Provide 1-2 sentences for relevant narrative topics**
Inspection/Work Scope	☐	☐			
Before Photos	☑	☐			
Solicit Bids - 3 Contractors/bid per Scope Item	**Date Contacted**	**Date Met On-Site**	**Date EST Recieved**	**EST Amount**	
Scope Item #1	☐	☐			
Scope Item #2	☐	☐			
Scope Item #3	☐	☐			
Get signature from homeowner and contractor on approved bids	☐	☐			
Generate THHFH Proposal for Volunteer Work	☐	☐			
HOA	☐	☐			**Come prepared with yard sign for Sweat Equity**
Repair/Rehabilitation	☐	☐			
Schedule Work - add row per contractor/scope item	**Notice to Proceed**	**Work Scheduled**			
Scope Item/ Contractor	☐	☐			
Scope Item/ Contractor	☐	☐			
Scope Item/ Contractor	☐	☐			
Track Expenses in Workbook	☐	☐			
Upload RCPTs and INVs in Client Folder in Drive	☐	☐			
[Insert Project Total $$$]	☐	☐			
Inspect/Doc Final Work	☐	☐			
After Photos	☐	☐			
Lead testing	☐	☐			
Obtain Signed COC	☐	☐			**Pick up yard sign**
Collect documents for homeowner packet	☐	☐			HOA, invoices, COC
Print title page and warranty	☐	☐			
Complete Project Narrative	☐	☐			
Mail or Email Survey	☐	☐	**Marikate Sears**		
Disbursement	☐	☐	**Marikate Sears**		
Assemble Invoice	☐	☐			
Cover Letter	☐	☐			
Draw Request Report	☐	☐			
Habitat Invoice with Labor and Overhead	☐	☐			
Invoices and Receipts	☐	☐			
Habitat Labor Log from Paychex	☐	☐			
HOA and COC	☐	☐			
Confirm INV and RCPTs with Accounting	☐	☐			

Task Name	Complete	Not Applicable	Task Owner	Date	Notes
Send to Grantor	☐	☐			
FHLB	☐	☐			
Construction Cost Calculator	☐	☐			
Homeowner Feasibility Workbook	☐	☐			
Proof of income for all household members	☐	☐			
Acknowledgement of Receipt of Subsidy Filled and Signed	☐	☐			
Receipt of Payment from Grantor	☐	☐			
Contractors paid	☐	☐			
Cancelled checks or Lien Waivers	☐	☐			
Closeout	☐	☐			
Project Completion Form	☐	☐			

Entity Information

TRUMAN HERITAGE HABITAT FOR HUMANITY, INC.

● Active Registration

Unique Entity ID
K46EXNBL29M8

CAGE/NCAGE
69AY5

Expiration Date
Aug 6, 2026

Physical Address

505 N Dodgion AVE
Independence, Missouri
64050-3022, United States

Mailing Address

505 N. Dodgion ST.
Independence, Missouri
64050-2649, United States

Purpose of Registration

Federal Assistance Awards Only

Version

Current Record