

Community Development Block Grant Program APPLICATION FORM FOR CITY PROGRAMS (Ongoing City Programs Only)

PROGRAM YEAR 2019-2020

RECEIVED
FEB 0 6 2019
City of Lee's Summit
Development Center

SECTION I --- Program

Program Name: CDBG Administration	Operating Department: Planning & Special Projects
CDBG Request Amount: \$40,000	Program Funding Source (s): ☐ CDBG Only ☐ CDBG and Others
Program Is: 🛚 Multi-year On-going	□ New and One-time Program
Completion Date: End of Program Year	□xOn-going Until Funds are Exhausted
SECTION II P	rogram Description and Eligibility Information
Program Description: Grantee cost of adn advertising, legal document recording and otle the program.	ninistration of the block grant program, including staff time, her miscellaneous expenses associated with the administration of
,	
Beneficiaries: ☒ N/A ☐ LMI Households	□ LMI Area
Projected Needs: staff time, ads, printing	Minimum CDBG Grant Required: N/A
Should Grant Be Less Than Requested:	☐ Will Not Work ☐ Will Result in Less Benefit ☐XNo/Little Impact
Jam Zr	Assist. Dir of Planning 2-6-2019
Signature – Person Completing the Application	on Title Date
John In	Assist. Dis of Planning 2-6-2019
Signature – Person Authorizing the Application	on Title Date

###



Community Development Block Grant Program

APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY

PROGRAM YEAR 2019-2020

6\07.10

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

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 2, 2019 -Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

	Official use only. Do not write in this box.	HUD ACT #
	Original Funded Amount \$	Fund Adjusted to \$
-	Environmental Review Completed	Project Completed

SECTION I --- Summary

(1.1) Applicant	Lee's Summit Housing Authority		(1.17) Program/Project Title:	Development Specialist	
Agency Name:			(1.18) Location of Service: (Check one)	X On Site □ Off Site	
organization (with	Yes X Political Subdivision No □			Out of Lee's Summit	
active 501(c) status)?		147. 29	(1.19) Program Service Address:	111 SE Grand Avenue	
(1.3) Faith-based	Yes 🗆 No X			Lee's Summit, MO 64063	
organization?			(1.20) Status:	 □ On-going CDBG-funded activity □ On-going non-CDBG-funded activity 	
(1.4) Agency's	111 SE Grand Avenue		(Check one)	X New multi-year activity ☐ New one-time activity	
Street Address: (PO Box Not Acceptable without City's Consent)			(1.21) The Plan for 2019-20 is:	To keep the service at the current level XTo expand the service above the current level To reduce the service below the current level	
1.5) City/State/Zip:	Lee's Summit, MO 64063	į.	(Check one)	□ N/A	
(1.6) Agency's	781244835		(1.22) Total Estimated Cost:	59,750.00	
DUNS #: (Required. If your agency does not have one, apply for one)	·	Chronisti (more property)	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the	Total estimated budget will serve (#) 500 (CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)0 X Average cost for each client is not relevant for this program.	
(1.7) Total			funding year:	Without CDBG assistance, this program will serve (#) 0clients.	
Organization Annual Budget in FY2018-19 FY2018- 19:	\$5,446,790.00		(1.24) Client Eligibility by CDBG Definition: (Check one)	☐ 100% L/M Income X 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.)	
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	(To comply with Federal Circular A-133 Audit requirement, the City will require your agency to submit the A-133 Compliance Monitoring Form and the most recent Audit Report at the time of Grant Agreement)				
172010-13.	\$5,743,908.00	Sept.	(1.25) CDBG Funding	None of the Above	
(1.9) Executive Director:	Darrin J. Taylor		Request for 2019-20: (Please round to the nearest dollar)	\$39,750.00	
(1.10) Telephone/Fax:	T:8165241100 F:8165241878	opro-mentific escribishings	(1.26) In 2019, This Service will be Paid for:	□ With CDBG as the only funding source X With CDBG as a primary funding source With CDBG as a secondary funding source	
(1.11) Email Address:	darrin.taylor@leessummithousingauthority.org		(1.27) If Expected, are Other		
(1.12) Governed by			Funding Sources Secured?	Yes X No □	
Board of Directors?	Yes X No □		(1.28) Specifically what will CDBG Funds Pay For?	Community Dev. Director Housing Development	
(1.13) Total Annual Federal Grants in FY2018-19:	\$4,996,790.00	Service Services			
(1.14) Program Administrator/ Key Contact Person:	Darrin J. Taylor	A the little of			
(1.15)	.T: SAME F: SAME			,	

Telephone/Fax:		A Company of the Comp
(1.16) Email Address	SAME	
(1.29) Brief Descrip Program/Proj Impact the Reque Gran	ect and the	According to Housing Needs Assessments for the City of LS, there is not enough affordable housing for renter households. Over 33, 000 households in LS are low to moderate income, and many pay more then 50% of gross income for rent/utilities and experience a cost burden. Housing costs burden is particularly serious for lower wage earner households. The data from several studies suggest that there is a NEED FOR MORE AFFORDABLE HOUSING IN LEE'S SUMMIT — Consolidated Plan 2015-2019.
(150 wo	rds or less)	Development Specialist – provide professional services associated with planning, communication, implementation, of LSHA affordable housing development goals. Assists the Executive Director and Board of Commissioners with ensuring effective relationship building with City government, civic organizations, financial and equity partners, private and non-profit developers, construction organizations and other



SECTION II --- Program Description and Eligibility Information

(2.1) Does the	X Benefiting low-to-moderate income persons		(2.4) Program	X Providing improved and suitable living environment (such as crime prevention)
Program Satisfy Any of These National	,	K	Objectives:	□ Providing decent housing (such as utility
Objective Related	☐ Benefiting a well-defined service area in which		(Check closest one)	assistance)
Qualifiers?	at least 51% of the population is L/M income (A clear delineation of the service area is	Service of		☐ Creating economic opportunities (such as job training for L/M income persons)
	required and the percentage must be based on a reasonable assumption or an actual survey)		(2.5) Program Outcomes:	X Availability/Accessibility (Making needed services available/accessible to qualified
	☐ Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62		(Check closest one)	clients who will not be able to access otherwise)
	and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)		CHECK Glosest oney	☐ Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)
	☐ None of the above (Program is most likely not eligible)			Sustainability (Making the community or neighborhood more viable)
(2.2) Detailed Program	Harvard's Joint Center for Housing Studies		(2.6) Are there any	□ Yes
Description:	released its State of the Nation's Housing 2017	3514	Overlapping Services Provided by Other	X Not That I Know Of
(Focus on client need,	report there was good news. But for low-income renters, even the good news wasn't that great.		Agencies in the Area?	□ Not Sure
the history and nature of the program. Discuss also how the	income households face severe housing cost		(2.7) If Continuing Program, Describe	
service is being/will be	year-round at the federal minimum wage. More		Briefly How it has been	
delivered and major tasks involved. Do not			Funded in Recent	
discuss financing of			Years and How Funding in 2018 will	
the program here.)	city-wide lottery. Federal assistance, a core part of any comprehensive strategy to address the	3	be Different:	
	problem, simply hasn't kept up. Due to the		(More details needed next page)	
`	Budget Control Act of 2011, which limits the			
1	non-defense discretionary portion of the budget, federal housing assistance programs have		(2.8) At the Current	□ 100% or Close
	taken a \$44 billion cut.		Level of the Agency's Financial Resources	□ About 70-90%
	A total 25.5% of the 33,222 households in Lee's		(non-CDBG), What	☐ About 50-70%
	Summit are low to moderate income, and 13%		Percentage of Client Need will be Met?	Less Than 50%
	of all households in the City spend more than 50 percent of their gross income on rent/mortgage		Need will be ince:	X Less Than 25%
	and utilities, which is considered a burden.			Less Than 5%
	Housing cost burden is particularly serious for		(2.9) Provide Critical Justification for the	In Lee's Summit, 47 percent of renters pay more than 30 percent of their income on
	the extremely low income segment of the households because approximately 69% of		Timing of this Service	housing, which is considered a threshold for
	these households spend more than 50% of their		and Description of the	high housing cost hardship. Those earning the lowest incomes face the greatest burden
	gross income on housing. The data suggests that there is a need for more affordable housing	17.	Possible Consequences if the	with 95 percent of those renter households
	in Lee's Summit Consolidated Plan 2015-		Service is not	making less than \$20,000 paying more than 30 percent. Households making \$20,000 to
	2019		Available:	\$34,999 also face high housing cost burden
	Need: Affordable Housing Development			with 80 percent paying more than 30 percent.
(2.3) If Your Agency is				The current focus of Lee's Summit should be on ensuring that the City does not exacerbate
Submitting Multiple				these problems by addressing the
CDBG Funding Requests, Assign a				community's most urgent housing needs. Additional affordable housing is needed in the
Priority to this				growth areas of the city so as to provide
Request:	0.5			affordable options throughout the community rather than continue the pattern of
(Do not assign a same priority rating to more				concentrating the poor
than one funding	L.			
requests.)	□ 8 (Lowest)		(2.10) Describe How	Additional affordable housing units are
			Outcomes are Measured:	needed to serve the very large population of low-income renter households who cannot
1			(System and methods	afford the high and rising cost of rent in Lee's
-			have been/will be used.)	Summit.
1	1			Develop 300-500 Affordable Housing Units

SECTION III --- Program Budget

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

The City's CDBG funds are extremely limited as compared to needs and should always be considered as a SECONDARY resource to help fill a program/project's budgetary gap.

Applying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

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

FY 2019-2020 Program Budget

		(3,3)	(3.4)	Known	(3.6)	(3.7) Õther Federal Funds		1	3.8} ocal Grants	(3.9)	
(3.1) Cost Type	(3.2) Agency Priority (1=highest)	Total Program Budget (Must equal sum of A to F)	Agency's Own Funds (A)	Monetary and In-Kind Donations (B)	Donations Amount		(3.7.1) (3.7.2) Amount Applied or Granted?		(3.8.2) Applied or Granted?	All Other Funds (F)	
(3.1.1) PERSONNEL	i e, e i e	Tival Tillean					ARCHAN				
Salaries	1	\$59,750,00	\$20,000.00	\$0	\$39,750	\$0	0	\$0	0	\$0	
Fringe Benefits	1	\$INCLUDED	\$	\$	\$	\$		\$ -		\$	
(3.1.2) BIG-TICKET EQ	UIPMENT			A Committee							
Computers	-	\$	\$	\$	\$	\$		\$:	\$	
Appliances		\$	\$	\$	\$	\$		\$		\$	
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$	
(3.1.3) OFFICE SUPPLI	ES						<u>Altorijo</u>				
General Office Supplies	,	\$	\$	\$	\$	\$		\$		\$	
(3.1.4) PRÖGRAM SUP	PLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$.		\$.		\$	
(3.1.5) OPERATING EX	PENSES						N. 7 19 19		1. 茅基底盘		
Utilities	- 1	\$	\$	\$	\$	\$		\$		\$	
Insurance		\$	\$	\$	\$	\$		\$		\$	
Legal Services		\$	\$	\$	\$	\$		\$	_	\$	
Transportation Related		\$	\$	\$	\$	\$		\$		\$	
(3.1.6) OTHERS					l month of						
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$	
Rental Assistance		\$	\$	\$	\$	\$		\$		\$	
		\$	\$	\$	\$	\$		\$		\$	
		\$	\$	\$	\$	\$		\$		\$	
(3.10) TOTALS		\$59,750.00	\$20,000.00	\$	\$39,750.00	\$0	ALL VIS	\$0		\$0	
Notes		·			·	-					

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

FY 2018-2019 Actual and Projected Expenses¹ by Funding Sources

	(3,12)	(3.13) Expenses by Funding Type								
(3.11). Total Program Budget	Total Program Expenses¹ (Actual and Projected)	(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)			
\$	\$	\$	\$	\$	\$	\$.	\$			
Notes										

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

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

		,	· .		•			
	(3,15)		(3.17)					
(3.14) Fiscal Year	Total Program Expenses	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	Number of Clients to be Benefitted
2020-21	\$59,750	\$20,000	\$0	\$39,750	\$0	\$0	\$0	500
2021-22	\$59,750	\$20,000	\$0	\$39,750	\$0	\$0	\$0	500

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

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

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

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

(4.1) List Key	(4.1.1) Name	(4.1.2) Telephone	(4.4) Describe your	Meets HUD & CD	BG Requirements		
Members of Your Current Board of	Emmet Pierson	816-517-8140	Program In-take and Client Eligibility				
Directors:	Barbara Henson	816-805-9199	Verification and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E 50 8		
	Kathy Kelsey	816-721-7047	Determination	1			
	Tameka Bryant	816-922-0985	Procedure:				
	Syrtiller Kabat	816-524-5257	(It is required that you attach to this application	27			
			a copy of your program	5.			
			in-take form for				
* * *			compliance verification.)		e 1* ig		
				a	22		
00 6	· ·			□ Mithdrau applicat	ion for funding this year		
4			(4.5) Should CDBG		ion for funding this year		
			Funds Granted be Less than Requested,	Scale down the pr	ogram resulting in less		
			Choose One as Your		the management the post		
	☐ Non-home-based office space		Preference:	reducing the num	the program without ber of clients served		
(4.2) Does Your	■ 24-hour designated business	- V - V - V - V - V - V - V - V - V - V			ences with other funds		
Agency/Division Responsible for the	service	- Friend into or anonoring		available to my a			
CDBG-funded	Full-time program manager/a	administrator		□ No sure what we can do with that amount			
Program have:	■ Full-time secretarial/clerical p	person		(4.6.1) Amount (4.6.2) Why			
(Check all that apply)	□ Certified financial/accounting	person on staff	(4.6) Minimum Amount	LSHA unable to fund full			
	■ Certified procurement/purchasing person		of CDBG Funds Needed below Which				
	■ Computerized system for fina		Your Program Just	A 1			
), ⁽²⁾	accounting (such as QuickE Microsoft Excel)	sooks, Peachtree,	would not Work and	1 211 10	revised		
, la	■ Computerized client informat	ion system	Why:	Will be ISHA. Se			
10	■ Secured client records filing	A	(4.7) Fee Schedule for	(4.7.1) Fee Type	(4.7.2) Amount		
	confidentiality)		this Program, if Fees				
	■ Designated independent fina	ncial audit service	are Charged for this		N/A		
N H	Annual financial audit or final	ncial reporting	Service:				
2:	Written policies and procedu		**************************************	- 0			
	and financial management, client complaints, etc.	addressing employee or		☐ No fee for participating in this program			
	■ Longer than 2 years experien	ice in recent years.		- Tro too for particip			
	carrying out a similar progra	m within this agency	(4.8) If the Requested	(4.8.1) Unit Type	(4.8.2) Rate Per Unit		
	funded with Federal grant from entity other than the City of		CDBG Funds are to	Salary	\$19.00 pr hr		
	■ Meet HUD's requirements		Pay for	Benefits	\$9.60 pr hr		
(4.3) To the Best of Your Knowledge,	City)		Employee/Contractor Salaries and Benefits,	Notes	1		
Select One that Best	□ Not sure and would need	City's assessment to	Provide Unit Rates:		CA, Health, Retirement,		
Describes Your	make that determination			etc.	or, Hould, Hourdhold		
Current Systems and our Plan to Address	 Do not meet HUD's require make all necessary change 	ements now, but will	Discoulo discou	☐ All expended befo	re the end of 2019		
Compliance Issues:	compliance	ges or add capacity for	(4.9) Please Indicate Your Realistic	All expended by the	ne end of June 2020,		
Inplianto locado.	☐ Do not and will not be able	to meet HUD's	Expectations for	but expenditures distributed to each			
th coa	requirements due to -		Expending the Funds		n quarter ne end of June 2020,		
			as Requested, if	but the amount o	f expenditure will vary		
2			Granted:	quarterly depend	ing on demand for		
2	☐ Have reviewed HUD's required			service	n and how quickly these		
	understand them and nee	a lumner explanation		funds may be ex			



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

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

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are 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.

	,		Alle Seal				
(4.1) List Key	(4.1.1) Name .	.(4.1.2) Telephone		(4.4) Describe your	Meets HUD &	CDBG I	Requirements
Members of Your	Emmet Pierson	816-517-8140	靈	Program In-take and			
Current Board of		816-805-9199		Cilent Eligibility			•
Directors:	Barbara Henson	· ·	数	Verification and			
	Kathy Kelsey	816-721-7047	[羅]	Determination	1		•
	Tameka Bryant	816-922-0985	」 疑	Procedure: (It is required that you			
	Syruller Kabat	818-524-5257	14.5	attach to this application			
			鱗	a copy of your program			
4	<u> </u>			in-take form for			
	•	· · · · · · · · · · · · · · · · · · ·	- 188	compliance verification.)			
İ					•		•
	l."		132		∩ Wilhdraw anni	ication fe	or funding this year
				(4.6) Should CDBG		-	
ļ			7.3	Funds Granted be	Scale down the clients served		m resulting in less
			- 1	Less than Requested, Choose One as Your			
				Preference:	☐ Make changes	to the p	rogram without
(4.2) Does Your	☐ Non-home-based office space			(10101011001	reducing the i	19dmur	of clients served
Agency/Division	■ 24-hour dealgnated business	s phone line or answering			D Make up the d	fference	s with other funds
Responsible for the	service .	,	(学)		available to m	y agend	У
CDBG-funded		administrator			□ No sure what v	ve çan d	lo with that amount
Program have: (Check all that apply)	■ Full-time secretarial/clerical			(4.8) Minimum Amount	(4.6.1) Amount	(4.6.2) V	Vhy
(Chock an that apply)	Certified financial/accounting	••		of CDBG Funds		_	unable to fund full
	■ Certified procurement/purcha		寰	Needed below Which		positio	n amount.
	Computerized system for fin			Your Program Just	\$20,500		
	accounting (such as Quick! Microsoft Excel)	воокв, реаспиее,	12.0	would not Work and		ļ.	
	■ Computerized client informat	tion system		Why:	•	[
	l ',,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		靈		(4.7.1) Fee Type	•	(4.7.2) Amount
	 Secured client records filing confidentiality) 	system for chem		(4.1) Fee Schedule for this Program, if Fees	(), 55 1755		(
	R Designated independent fina	incial audit service	ຼ	are Charged for this		. N/A	
<i>:</i> .	Annual financial audit or fina	ncial reporting	屬	Service:			
	Written policies and procedu and financial management,				·		
	client complaints, etc.	adolessing employee of			☐ No fee for participating in this program		
	Longer than 2 years expener	nce in recent years .			<u> </u>	 ^	
	carrying out a similar progra funded with Federal grant fr	am within this agency		(4.8) If the Requested	(4.8.1) Unit Type	(4.	a.2) Rate Per Unit
, ,	entity other than the City of	Lee's Summil .		CDBG Funds are to	Salary	\$1	19.00 pr hr
(4.3) To the Best of	Meet HUD's requirements	(will be verified by the		Pay for Employee/Contractor	Benefits	\$9	3.60 pr hr
Your Knowledge,	City)		1	Salaries and Benefits,	Notes		
Select One that Best	O Not sure and would need	City's assessment to		Provide Unit Rates:		RICA H	lealth, Retirement,
Describes Your	make that determination			•	etc.	FICA, I	learn, Vernanieur,
Current Systems and	Do not meet HUD's requir				☐ All expended b	oforo the	and of 2010
Your Plan to Address	make all necessary chang	ges or add capacity for		(4.9) Please Indicate	■ All expended b		
Compliance Issues:	compliance			Your Realistic	but expenditur		
	☐ Do not and will not be able	e to meet HUD's	篇	Expectations for	distributed to		
	requirements due to -			Expending the Funds	☐ All expended b		
		<u> </u>	38	as Requested, If			enditure will vary
· .		•		Granted:	quarterly depe	nding or	n demand for
1	☐ Have reviewed HUD's requ				service .		6
<u></u>	understand them and nee	o further explanation			funds may be		how quickly these
i.	X-14-14-14-14-14-14-14-14-14-14-14-14-14-				Tunus may be	evheuge	
Manager Committee of the Party of the Committee of the Co	Webweels and Add to Shirt and South	a man a man a man and a ma	* *******	THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE			hard and speed the barries of the state of t





FEB 06 2019

Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2019-2020

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

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 8, 2019 -Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

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

HUD ACT #_____
Fund Adjusted to \$_____
Project Completed_____

SECTION I --- Summary

(1.1) Applicant Agency Name:	Coldwater of Lee's Summit		(1.17) Program/Project Title:	BackSnacks/Weekend Food Packs	
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes X No 🗆		(1.18) Location of Service: (Check one)	☐ On Site X Off Site ☐ Out of Lee's Summit	
(1.3) Faith-based organization? (1.4) Agency's Street Address:	Yes X No 501 NE Missouri Road		(1.19) Program Service Address:	Meadow Lane Elementary, 1421 NE Independence, LS, MO 64086 Hazel Grove Elementary, 2001 NW Blue Pkwy, LS, MO 64063 Westview Elementary, 200 NW Ward Rd, LS, MO 64063 Woodland Elementary, 12709 Smart Rd., LS, MO 64086	
(PO Box Not Acceptable without City's Consent)				Cedar Creek Elementary, 2600 SW 3" St., LS, MO 64081 Summit Pointe Elementary, 13100 E 147th St, KC, MO 64149 Great Beginnings Early Education Center, 905 Bluestem, LS, MO 64086 LS School District HeadStart Schools – multiple locations	
(1.5) City/State/Zip:	Lee's Summit, MO 64086			Summit Ridge Academy, 2620 SW Ward Road, LS, MO 64082	
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	035407579		(1.20) Status: (Check one)	X On-going CDBG-funded activity On-going non-CDBG-funded activity New multi-year activity New one-time activity	
(1.7) Total Organization Annual Budget in FY2018-19	\$210,550		(1.21) The Plan for 2019-20 is:	☐ To keep the service at the current level X To expand the service above the current level ☐ To reduce the service below the current level ☐ N/A	
(1.8) Total Federal \$\$\$	(To comply with Federal Circular A-133 Audit requirement, the City will require your agency to		(Check one)	\$64,500	
Expended during Agency's FY2018-19:	submit the A-133 Compliance Monitoring Form and the most recent Audit Report at the time of Grant		(1.23) # of Unduplicated	Total estimated budget will serve (#) _258	
THE STATES OF TH	Agreement)		Clients (persons /	 If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)250 	
	\$5,500	(households / dwelling unit) to be Served in the	 Average cost for each client is not relevant for this program. 	
(1.9) Executive Director:	Monica Humbard		funding year:	Without CDBG assistance, this program will serve (#)_226_ clients.	
(1.10) Telephone/Fax:	T:816-786-0758		(1.24) Client Eligibility by	X 100% L/M Income	
(1.11) Email Address:	director@coldwater.me		CDBG Definition: (Check one)	 Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant 	
(1.12) Governed by Board of Directors?	Yes X No 🗆		(Check dile)	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	
(1.13) Total Annual Federal Grants in FY2018-19:	\$5,500			residents are of L/M income. For the latter, an income survey is required.) None of the Above	
(1.14) Program Administrator/ Key Contact Person:	Monica Humbard		(1.25) CDBG Funding Request for 2019-20: (Please round to the nearest dollar)	\$8,000	
(1.15) Telephone/Fax:	T: 816-786-0758			☐ With CDBG as the only funding source	
(1.16) Email Address:	director@coldwater.me		(1.26) In 2019, This Service will be Paid for:	☐ With CDBG as a primary funding source X With CDBG as a secondary funding source	
(iii) Linai Address.			(1.27) If Expected, are Other Funding Sources Secured?	Yes X No □	
			(1.28) Specifically what will CDBG Funds Pay For?	Weekend food packs for 32 students during the school year	
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)	high school students in the Lee's Summit Sch	o 80 v nool [ol and	weekend food packs for chronically h District. Research has shown that ch I have fewer absences and tardies.	the Harvesterss BackSnack program and nungry preschool, elementary, middle school, and ildren who receive weekend food packs perform The weekend food packs also provide consistent	

SECTION II --- Program Description and Eligibility Information

(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?	X Benefiting low-to-moderate income persons Benefiting all persons in a Qualified Census area (if not sure, contact the City) Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an	(2.4) Program Objectives: (Check closest one)	X Providing improved and suitable living environment (such as crime prevention) Providing decent housing (such as residential utility assistance) Creating economic opportunities (such as job training for L/M income persons)
(2.2) Detailed Program	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/AIDS, or migrant farm workers) [] None of the above (Program is most likely not eligible) Low wages, costly health problems, mental health legues, and caring for extended family are just some of	(2.5) Program Outcomes: (Check closest one)	X Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) Sustainability (Making the community or neighborhood more viable)
Description: (Focus on client need, the history and nature of the program. Discuss also how the	issues, and caring for extended family are just some of the issues that can make it difficult for families to provide enough nutritious food for their children. While schools provide breakfast and lunch for these children, on the weekends they do not have this source. Harvesters has identified more than 600 children in Lee's Summit who are considered chronically hungry.	(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?	neighborhood more viable) C Yes X Not That I Know Of Not Sure
Service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.) Lee's Summit who are considered chronically hungry and who could benefit from extra food on the weekends. Coldwater currently provides weekend food packs for students at 6 different elementary schools in the Lee's Summit School District, as well as the district's early education center (preschool), HeadStart schools and alternative high school. Coldwater also provides food on request to help stock the food pantries at the three Lee's Summit middle schools and three high schools. Coldwater, in partnership with Harvesters, has provided weekend backpacks of food to elementary children for		(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different: (More details needed next page)	Funding has been and will continue to be received from grants, businesses, churches, civic groups, organizations and individuals.
	the past 10 school years. These backpacks contain breakfast items, lunches/dinners, milk boxes, water and snacks. Harvesters delivers the BackSnacks (food packs) to Coldwater twice a month. Volunteers move the boxes from pallets onto shelves in the No Hungry Kids! storage room. Each month more than 50 Coldwater volunteers organize and deliver these BackSnacks to the schools. On Thursdays, different groups of volunteers come to Coldwater to prepare them for delivery to the schools, and additional groups of volunteers (including developmentally disabled adult	(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	☐ 100% or Close ☐ About 70-90% ☐ About 50-70% ☐ Less Than 50% X Less Than 25% ☐ Less Than 5%
	groups from DPI) deliver them to the school counselors for distribution. On these same Thursdays, Coldwater volunteers also prepare weekend food packs with breakfast items, lunches/dinners, milk boxes, water and snacks that are bagged in house. The No Hungry Kids! leader purchases food for these food packs and then the volunteers assemble the food packs on site on Thursdays for distribution by delivery teams to the appropriate schools, including the Great Beginnings Early Education Center (preschool).	(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:	It is vital to the health and welfare of chronically hungry children to provide them with nutritious food at the earliest stages of their development. Harvesters has identified more than 600 chronically hungry elementary children in Lee's Summit of which Coldwater currently serves up to 178. The Lee's Summit school district has identified more than 50 chronically hungry preschool children as well. Hungry students perform at a lower academic level in school and are more at risk for exhibiting behavior issues. Each day these children go without adequate
(2.3) If Your Agency is Submitting Multiple CDBG Funding	X 1 (Highest) □ 2		nutrition puts them more at risk for not excelling at their full potential and developing behavior issues that can follow them all the way through high school and into adulthood.
Requests, Assign a Priority to this Request: (Do not assign a same priority rating to more	13 0 4 0 5 1 6	(2.10) Describe How Outcomes are Measured: (System and methods have been/will be used.)	Currently, we measure outcomes based on the criteria established by CDBG. Harvesters provides information on the evaluation and outcomes of their BackSnack program. We also rely on feedback from
than one funding requests.)	∷ 7 ⊡ 8 (Lowest)	That's booth will be added.	counselors, teachers and principals at the schools we serve.



SECTION III --- Program Budget

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

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

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

FY 2019-2020 Program Budget

		(3.3)	(3.4)	(3.5) Known	(3.6)	100	.7) eral Funds	- 2	3.8) ocal Grants	(3.9)
(3.1) Cost Type	(3.2) Agency Priority (1=highest)	Total Program Budget (Must equal sum of A to F)	Agency's Own Funds (A)	Monetary and In-Kind Donations (B)	Desired CDBG Amount (C)	(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	All Other Funds (F)
(3.1.1) PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$	74430-44	\$
(3.1.2) BIG-TICKET EQ	UIPMENT									
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLI	ES									
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
(3.1.4) PROGRAM SUP	PLIES									
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
(3.1.5) OPERATING EX	PENSES									
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
(3.1.6) OTHERS										
Meals and Nutrition	1	\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
Notes										

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

FY 2018-2019 Actual and Projected Expenses¹ by Funding Sources

(3.12)	(3.13) Expenses by Funding Type								
Total Program Expenses ¹ (Actual and Projected)	(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)			
\$44,500	\$6,300	\$5,000	\$5,500	\$	\$	\$27,700			
ŀ	Expenses ¹ (Actual and Projected)	Total Program Expenses¹ (Actual and Projected) (3.13.1) Agency Funds (A)	Total Program Expenses (Actual and Projected) (3.13.1) Agency Funds (A) (3.13.2) Donations & In-Kind (B)	Total Program Expenses¹ (3.13.1) Agency Funds (Actual and Projected) (A) (B) (C) (3.13.2) CDBG Grant (C)	Total Program Expenses¹ Agency Funds (Actual and Projected) (A) (B) (3.13.2) (3.13.3) (3.13.4) (3.13.4) (CDBG Grant (C) (D)	Total Program Expenses¹ (Actual and Projected) (A) (3.13.1) Agency Funds (A) (B) (3.13.2) CDBG Grant (C) (C) (D) (3.13.5) State & Local Grants (E)			

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

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

	(3.15)		(3.16) Expenses by Funding Type							
(3.14) Fiscal Year	Total Program Expenses	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	(3.17) Number of Clients to be Benefitted		
2020-21	\$68.250	\$12,550	\$20,000	\$8,000	\$	\$	\$27,700	273		
2021-22	\$72,000	\$15,300	\$21,000	\$8,000	\$	\$	\$27,700	288		

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

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

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

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

(4.1) List Key	(4.1.1) Name	(4.1.2) Telephone				
Members of Your Current Board of	Carly Bade	816-716-4295				
Directors:	Stacey Brodersen	816-835-4605				
	Vicki Bullard	816-820-1564				
	Diana Carollo	816-651-8012				
	Shelley Cole	816-210-8005				
	Jennifer Collier	816-803-6199				
	Jan Durbin	816-525-9736				
	Jesse McDaniel	816-896-8711				
	Corey McDonald	816-777-8850				
	Kevin Shipley	816-365-7783				
	Sandy Thompson	816-520-3427				
(4.2) Does Your	X Non-home-based office s	space				
Agency/Division Responsible for the	X 24-hour designated busin service	ness phone line or answering				
CDBG-funded	X Full-time program manager/administrator					
Program have:	□ Full-time secretarial/clerical person					
(Check all that apply)	☐ Certified financial/accour	nting person on staff				
	☐ Certified procurement/pu	rchasing 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					
	☐ Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.					
	X Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit					
(4.3) To the Best of Your Knowledge,	X Meet HUD's requireme City)	ents (will be verified by the				
Select One that Best Describes Your	□ Not sure and would ne make that determinat	ed City's assessment to ion				
Current Systems and Your Plan to Address Compliance Issues:	□ Do not meet HUD's re make all necessary c compliance	quirements now, but will hanges or add capacity for				
	□ Do not and will not be requirements due to -					
		requirements, but do not need further explanation				

-						
	(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program in-take form for compliance verification.)	The principals and counselors at each school have worked together with the district to determine the following criteria in selecting the students: 1. Received free or reduced school meals. 2. Observed need, crisis situation or in need of financial assistance with school activities. 3. Referral from parent. 4. Referral from teacher, administrator or SAP.				
		The school district has strict policies to determine eligibility for students to receive free or reduced lunches.				
	(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	X Scale down the program resulting in less clients served Make changes to the program without reducing the number of clients served Make up the differences with other funds available to my agency				
	9	☐ No sure what we can do with that amount				
	(4.6) Minimum Amount	(4.6.1) Amount	(4.6.2) Why			
	(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	\$5,500	To maintain current number of students			
	(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	(4.7.1) Fee Type			(4.7.2) Amount	
		X No fee for parti	cipatin	g i	n this program	
	(4.8) If the Requested	(4.8.1) <i>Unit Type</i>	(4.8	.2) Rate Per Unit	
	CDBG Funds are to	NA	,	\$N	A	
	Pay for Employee/Contractor		,	\$		
	Salaries and Benefits, Provide Unit Rates:	Notes:				
	(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	but expended by the end of June 2020 but expenditures will be evenly distributed to each quarter All expended by the end of June 2020 but the amount of expenditure will va				





RECEIVED

FEB 0 8 2019

Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2019-2020

Development Services

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

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 8, 2019 ~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

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

HUD ACT #	
Fund Adjusted to \$	
Project Completed	

SECTION I --- Summary

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

(1.1) Applicant Agency Name:	Hope House, Inc	(1.17) Program/Project Title:	Children's Therapy Program		
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes ⊠ No □	(1.18) Location of Service: (Check one)	☑ On Site ☐ Off Site ☐ Out of Lee's Summit		
(1.3) Faith-based organization?	Yes □ No ⊠	(1.19) Program Service	Hope House is located in Lee's Summit, MO. To protect the safety and confidentiality of those we serve, we do		
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's	PO BOX 577	Address:	not publicize the physical address; however, it can be made available if required.		
Consent)		(1.20) Status:	On-going CDBG-funded activity On-going non-CDBG-funded activity		
(1.5) City/State/Zip:	Lee's Summit MO 64063	(Check one)	☐ New multi-year activity ☐ New one-time activity		
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	948450614	(1.21) The Plan for 2019-20 is: (Check one)	To keep the service at the current level To expand the service above the current level To reduce the service below the current level N/A		
(1.7) Total Organization Annual	#E 122 000 91	(1.22) Total Estimated Cost:	\$296,800.00		
Budget in FY2018-19 FY2018- 19:	\$6,123,060.81	(1.23) # of Unduplicated	Total estimated budget will serve (#)130 If CDBG funding is less than requested, the average		
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	(To comply with Federal Circular A-133 Audit requirement, the City will require your agency to submit the A-133 Compliance Monitoring Form and the most recent Audit Report at the time of Grant Agreement)	Clients (persons / households / dwelling unit) to be Served in the funding year:	cost of serving each client is estimated at (\$)_\$96.77/unit □ Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) _130 clients.		
		(1.24) Client Eligibility by	☐ 100% L/M Income ☑ Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migran		
(1.9) Executive Director:	the most recent Audit Report at the time of Grant Agreement) \$ 2,976,794.93 MaryAnne Metheny T: (816) 257-9331 F: (816) 257-9350	CDBG Definition:			
(1.10) Telephone/Fax:		(Check one)	farm workers) □ Area Benefit (must be either HUD designated L/M		
(1.11) Email Address:	mmetheny@hopehouse.net		income Census geographic area or well-defined service boundaries where at least 51% of all		
(1.12) Governed by Board of Directors?	Yes ⊠ No □		residents are of L/M income. For the latter, an income survey is required.) None of the Above		
(1.13) Total Annual Federal Grants in FY2018-19:	\$2,218,701.27	(1.25) CDBG Funding Request for 2019-20: (Please round to the nearest dollar)	\$20,000.00		
(1.14) Program Administrator/ Key Contact Person:	Brandi Bair, Director of Grants and Compliance	(1.26) In 2019, This Service	☐ With CDBG as the only funding source ☐ With CDBG as a primary funding source		
(1.15) Telephone/Fax:	T: (816) 257-9349 F: (816) 257-9350	will be Paid for:	☑ With CDBG as a secondary funding source		
(1.16) Email Address:	bbair@hopehouse.net	(1.27) If Expected, are Other Funding Sources Secured?	Yes 🗵 No 🗆		
		(1.28) Specifically what will CDBG Funds Pay For?	206.50 units of children's therapy billed at \$96.77/unit		

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

Hope House's children's therapy program focus on issues relevant to children who have been exposed to violence, such as selfesteem, safety planning, conflict resolution skills, and healthy ways of managing one's emotions. Individual, group, and family therapy are available at no cost for male and female children ages pre-school through 18 who reside onsite in Hope House's emergency shelter and transitional housing as well as children who are utilizing outreach services. Requested CDBG funds will provide approximately 60 children with 206.50 units of therapy.

SECTION II --- Program Description and Eligibility Information

	T Deposition law to moderate income necesse			☑ Providing improved and suitable living
(2.1) Does the Program Satisfy Any	☐ Benefiting low-to-moderate income persons ☐ Benefiting all persons in a Qualified Census area		(2.4) Program Objectives:	environment (such as crime prevention)
of These National Objective Related	(if not sure, contact the City) Benefiting a well-defined service area in which at least			 Providing decent housing (such as residential utility assistance)
Objective Related Qualifiers?	51% of the population is L/M income (A clear delineation of the service area is required and the		(Check closest one)	Creating economic opportunities (such as job training for L/M income persons)
	percentage must be based on a reasonable assumption or an actual survey) Benefiting a Limited Clientele group (which includes		(2.5) Program Outcomes:	Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)
	exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, liliterate adults, persons living with HIV/AIDS, or migrant farm workers)		(Check closest one)	☐ Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)
	☐ None of the above (Program is most likely not eligible)			□ Sustainability (Making the community or neighborhood more viable)
(2.2) Detailed Program	Research continues to show that domestic		(2.6) Are there any	□Yes
Description:	violence in the home can have devastating effects on children. Children who are abused or		Overlapping Services Provided by Other	☑ Not That I Know Of □ Not Sure
(Focus on client need, the history and nature	who witness abuse are at risk for post-traumatic stress, depression, anxiety, and other mental		Agencies in the Area?	
of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)	health disorders. In order to counter the long-term impact of domestic violence on children, Hope House developed its Children's Therapy Program. Individual therapy helps children heal from the violence experienced in their families. During Individual sessions, the therapists encourage the child to become comfortable with talking about his or her experiences through reading, coloring, playing, or other age-appropriate		(2.7) If Continuing Program, Describe Briefly How It has been Funded in Recent Years and How Funding in 2019 will be Different: (More details needed next page)	For the past several years, Children's Therapy has been largely funded through general contributions to the agency. The program has also previously received private foundation grants and county funds. In 2019, the program will be funded through public grants including the Victims of Crime Act and Jackson County Mental Health Levy Fund.
	activities. Therapists also address boundary issues; fears including separation anxiety and anger management; and problem-solving skills. Group therapy primarily serves shelter residents and includes weekly, age appropriate groups.		(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What	☐ 100% or Close ☑ About 70-90% ☐ About 50-70%
	During these group sessions, the therapists help children to understand the violence was not their	ľ	Percentage of Client Need will be Met?	Less Than 50%
	fault, express their emotions in a healthy manner, and learn to safety plan. Family therapy			□ Less Than 25% □ Less Than 5%
	helps non-offending parents and their children understand and cope with the effects of		(2.9) Provide Critical	Although Hope House has secured public
	domestic violence in the home, addresses appropriate parent/child roles, and facilitates		Justification for the Timing of this Service	funds for the majority of program expenses, the remaining gap in funding will need to be
	communication. (Hope House does not offer		and Description of the Possible	secured in order to ensure program services continue without interruption.
	family therapy with the abusive individual.) Group sessions are also held in summer		Consequences if the Service is not	
İ	months for junior and senior high school students. Therapists also coordinate services		Available:	
	with the Children's Division and/or refer families to other resources such as case management, psychological evaluation, or inpatient care on an as needed basis.		(2.10) Describe How Outcomes are Measured: (System and methods	Children's Therapy Program outcomes for 2019 include: children will (1) improve their knowledge and/or ablility to plan for their safety, (2) make progress toward group goals and objectives, (3) make progress toward
(2.3) If Your Agency is Submitting Multiple	☑ 1 (Highest)		have been/will be used.)	treatment goals, and (4) reduce their trauma related symptoms. Outcome 1 is evaluated by
CDBG Funding	G 2			the therapist's observation of the child's
Requests, Assign a Priority to this				ability to verbalize a safety plan, outcome 2 is evaluated by the child's progress towards
Request:	□ 4			goals set with the therapist, outcome 3 is
(Do not assign a same	□ 5	-		evaluated by the therapist's observation that the child demonstrated and/or verbalized an
priority rating to more than one funding	[] 6 5.7			understanding of the group topic, and
requests.)	G 9 (1 purest)			outcome 4 is evaluated by administering the Child Report of Post-traumatic Symptoms
	□ 8 (Lowest)	J		(CROPS) at the initial and last session. A positive outcome is a decrease between pre-
				and post-CROPS test scores.

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

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

FY 2019-2020 Program Budget

	1000	(3.3) Total	(2.4)	(3.5) Known		(3.7) Other Federa	l Funds	(3.8) State & Loca	I Grants	
(3.1) Cost Type	(3.2) Agency Priority (1=highe st)	Agency Program Budget Priority (Must equal 1=highe sum of A to	Program Agency's and In- Nind Own Kind William Program Wonetary Agency's And In- Nind Own Kind Program Own Rind Report Re		(3.6) Desired CDBG Amount (C)	(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	Amount Applied or	
(3.1.1) PERSONN	EL									
Salaries		\$218,400.00	\$0	\$56,200.00	\$13,900.00	\$102,700.00	Granted	\$21,500.00	Applied	\$24,100.00
Fringe Benefits		\$54,400.00	\$0	\$14,000.00	\$3,800.00	\$23,200.00	Granted	\$5,900.00	Applied	\$7,500.00
(3.1.2) BIG-TICKE	T EQUIPM	ENT								
Computers		\$0	\$0	\$0	\$0	\$0		\$0		\$0
Appliances		\$0	\$0	\$0	\$0	\$0		\$0		\$0
Motorized Vehicle		\$0	\$0	\$0	\$0	\$0		\$0		\$0
(3.1.3) OFFICE SU	JPPLIES									
General Office Supplies		\$200.00	\$0	\$0	\$0	\$0		\$200.00	Applied	\$0
(3.1.4) PROGRAM	SUPPLIES	3								
Supplies Required for Carrying out the Program		\$200.00	\$0	\$0	\$0	\$0		\$200.00	Applied	\$0
					(3.1.5) OPERAT	ING EXPENSES				
Utilities		\$0	\$0	\$0	\$0	\$0		\$0		\$0
Insurance		\$4,000.00	\$0	\$4,000.00	\$0	\$0		\$0		\$0
Legal Services		\$0	\$0	\$0	\$0	\$0		\$0		\$0
Transportation Related		\$800.00	\$0	\$0	\$400.00	\$200.00	Granted	\$200.00	Applied	\$0
(3.1.6) OTHERS										
IT Tech Support		\$2,400.00	\$0	\$2,400.00	\$0	\$0		\$0		\$0
Other Direct Costs		\$200.00	\$0	\$100.00	\$100.00	\$0		\$0		\$0
Indirect Costs		\$16,200.00	\$0	\$9,600.00	\$1,800.00	\$0		\$4,800.00		\$0
(3.10) TOTALS		\$296,800.00	\$0	\$86,300.00	\$20,000.00	\$126,100.00		\$32,800.00		\$31,600.00
Notes										

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

FY 2018-2019 Actual and Projected Expenses¹ by Funding Sources

	(3.12)	(3.13) Expenses by Funding Type								
(3.11) Total Program Budget	Total Program Expenses¹ (Actual and Projected)	(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)			
\$252,500.00	\$239,500.00	\$0	\$23,600.00	\$27,100.00	\$108,400.00	\$76,600.00	\$3,800.00			
Notes										

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

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

	(3.15)	(3.16) Expenses by Funding Type							
(3.14) Fiscal Year	Total Program Expenses	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	(3.17) Number of Clients to be Benefitted	
2020-21	\$311,620.00	\$0	\$90,600.00	\$21,000.00	\$132,400.00	\$34,400.00	\$33,220.00	130	
2021-22	\$327,200.00	\$0	\$95,100.00	\$22,000.00	\$139,000.00	\$36,200.00	\$34,900.00	130	

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

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

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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.

(4.1) List Key	(4.1.1) Name	(4.1.2) Telephone	(4.4) Describe your	Children's Therapy referred from the Sh			
Members of Your Current Board of	Michael Moore	816-945-5648	Program In-take and Client Eligibility	Primary admission			
Directors:	Angela Ross Presnell	913-789-5025	Verification and	domestic violence in Family therapists co			
	Carol Macken	816-556-2809	Determination	in shelter with childr	en to ex	plain the pr	ogram and
	Brian Herrmann	816-792-1812	Procedure: (It is required that you	offer services. Durir intake is completed			
	Monica Alderson	816-545-6031	attach to this application	requesting individua	al therap	y for their cl	hild and
	Julie Ross	913-664-0764	a copy of your program	consent for services presenting problem			
	Whitney Bartelli	816-298-2203	in-take form for compliance verification.)	participation plan is	then co	mpleted wit	h the
	Samuel Dean	816-218-1039	compliance vernication.)	parent and/or the ch verbal skills of the co			
	Amy Doll	913-905-8315		specific goals is the	n compl	eted by the	therapist,
	Michael Cline	816-983-1802		in consultation with signed by the therap			
	LaToya Garcia	816-729-2235					
	Neil Getzlow	913-940-2960	(4.5) Should CDBG	☐ Withdraw appli			
	Tina Johnson	816-287-1528	Funds Granted be Less than Requested,	☐ Scale down the clients served		am resultir	ng in less
	Doug King	816-843-6707	Choose One as Your	☐ Make changes to the program without			
	Abby Mocek	913-234-6606	Preference:	reducing the r			
	Lee Moore	816-426-8178		☑ Make up the differences with other			
	Katie Sangha	816-572-4517		funds availabl			, , , , , , , , , , , , , , , , , , ,
	Douglas Schmitt	816-218-1730		☐ No sure what v	ve can	do with the	at amour
	Tara Steiner	816-751-1800					
	Carolyn Walters	816-257-3209	44 6) BRI - I A A	(4.6.1) Amount	(4.6.2) Why	
	Janelle Williams	913-982-5750	(4.6) Minimum Amount of CDBG Funds	(11111)		House welcomes	
(4.2) Does Your Agency/Division Responsible for the CDBG-funded	⊠Non-home-based office space □24-hour designated business service □Full-time program manager// □Full-time secretarial/clerical □ Certified financial/accountin	s phone line or answering administrator person	Needed below Which Your Program Just would not Work and Why:	Any amount offered in order to maintain the highest quality care for clients			
Program have: (Check all that apply)	 □ Certified procurement/purcha ☑ Computerized system for fire 	asing person nancial management and	(4.7) Fee Schedule for this Program, if Fees	(4.7.1) Fee Type		(4.7.2) Amount	
	accounting (such as Quickling Microsoft Excel) Computerized client informations Secured client records filing confidentiality) Designated independent fination and information in the model of the mod	ation system system (for client ancial audit service ancial reporting	are Charged for this Service:	No fee for par ■	NA \$0		
=	and financial management, client complaints, etc. Longer than 2 years experies	addressing employee or	(4.8) If the Requested CDBG Funds are to	(4.8.1) Unit Type		(4.8.2) Rai Unit	te Per
	carrying out a similar progra funded with Federal grant for entity other than the City of	rom another government Lee's Summit	Pay for Employee/Contractor Salaries and Benefits,	Unit of Children Therapy	ı's	\$96.77	
(4.3) To the Best of	Meet HUD's requirements (City)	will be verified by the	Provide Unit Rates:			_	
Your Knowledge,	□ Not sure and would need Cit	y's assessment to make		Notes			
Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues: 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 -			(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if	expenditures will be evenly distributed to each quarter All expended by the end of June 2020, but the			
	☐ Have reviewed HUD's require understand them and need		Granted:				



RECEIVED 18 2019

Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2019-2020

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

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 8, 2019 ~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

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

HUD ACT #	
Fund Adjusted to \$	
Project Completed	

SECTION I --- Summary

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

(1.1) Applicant Agency Name:	ReDiscover		(1.17) Program/Project Title:	Parenting with Love and Logic
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes X	No 🗆	(1.18) Location of Service: (Check one)	☐ On Site X Off Site ☐ Out of Lee's Summit
(1.3) Faith-based organization?	Yes 🗆	No X	(1.19) Program Service Address:	Lee's Summit Parks and Recreation, schools and other public facilities
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	1555 NE Rice Road		(1.20) Status: (Check one)	X On-going CDBG-funded activity On-going non-CDBG-funded activity New multi-year activity
(1.5) City/State/Zip:	Lee's Summit, MO 64	086	(1.21) The Plan for 2019-20	New one-time activity X To keep the service at the current level
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	044123800		is: (Check one)	☐ To expand the service above the current level☐ To reduce the service below the current level☐ N/A
(1.7) Total Organization Annual			(1.22) Total Estimated Cost:	\$36,719
Budget in FY2018-19 FY2018- 19:	\$48,442,338	A 422 Audit	(1.23) # of Unduplicated Clients (persons / households / dwelling	Total estimated budget will serve (#) 265 adults (parents), 515 children, and provide 70-80 scholarships. If CDBG funding is less than requested, the average
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	(To comply with Federal Circular requirement, the City will require submit the A-133 Compliance Mother most recent Audit Report at the most recent.)	your agency to onitoring Form and	unit) to be Served in the funding year:	cost of serving each client is estimated at (\$) • X Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#)
	Agreement)	757 clients, providing 15-20 fewer scholarships.		
	\$1,524,455		(1.24) Client Eligibility by CDBG Definition:	X 100% L/M Income Presumed Benefit (Exclusively seniors, homeless,
(1.9) Executive Director:	Jennifer Craig		(Check one)	persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant
(1.10) Telephone/Fax:	T:816-347-3245 F:81	6-347-3200	(Check one)	farm workers) Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined
(1.11) Email Address:	jcraig@rediscovermh.	org		service boundaries where at least 51% of all residents are of L/M income. For the latter, an income
(1.12) Governed by Board of Directors?	Yes X	No 🗆	(1.25) CDBG Funding	survey is required.) None of the Above
(1.13) Total Annual Federal Grants in FY2018-19:	\$1,524,455		Request for 2019-20: (Please round to the nearest dollar)	\$1,170
(1.14) Program Administrator/ Key Contact Person:	Gina Piccinini		(1.26) In 2019, This Service will be Paid for:	☐ With CDBG as the only funding source ☐ With CDBG as a primary funding source X With CDBG as a secondary funding source
(1.15) Telephone/Fax:	T:816-347-3019		(1.27) If Expected, are Other	
(1.16) Email Address:	gpiccinini@rediscover	rmh.org	Funding Sources Secured?	Yes X No 🗆
			(1.28) Specifically what will CDBG Funds Pay For?	Scholarships for LMI Adults. Includes free child care, participant handbooks, ongoing support and free refresher courses.

(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:

(150 words or less)

The target population includes parents of at-risk Lee's Summit children and adolescents. The project, Parenting with Love and Logic, includes 5 weeks of classes offered at various Lee's Summit locations. The program is a nationally-recognized best practice using certified instructors to assist parents in becoming more empowered and more skilled in their interactions with children. Love allows children to grow through their mistakes. Logic allows children to live with the consequences of their choices. Love and Logic is a proven method for putting parents in control and preparing children to accept their choices and consequences. Project outcomes include: increased knowledge of parenting skills; increased awareness of community resources that support healthy family development; and positive changes in at least two of their child's behaviors. A pre-post test format is used to measure program success.

SECTION II --- Program Description and Eligiblity Information

	, <u></u>				
(2.1) Does the Program Satisfy Any	X Benefiting low-to-moderate income persons Benefiting all persons in a Qualified Census		(2.4) Program Objectives:	X Providing improved and suitable living environment (such as crime prevention)	
of These National Objective Related	area (if not sure, contact the City) ☐ Benefiting a well-defined service area in which		(Check closest one)	 Providing decent housing (such as residential utility assistance) 	
Qualifiers?	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	2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		☐ Creating economic opportunities (such as job training for L/M income persons)	
	actual survey) Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults,		(2.5) Program Outcomes:	X Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)	
	illiterate adults, persons living with HIV/AIDS, or migrant farm workers)		(Check closest one)	Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)	
(2.2) Detailed Program	The target population includes parents of at- risk Lee's Summit children and adolescents.			☐ Sustainability (Making the community or neighborhood more viable)	
(Focus on client need, the history and nature of the program.	The project, Parenting with Love and Logic, includes five weeks of classes offered at various Lee's Summit locations. Love and Logic is a nationally-recognized best practice using certified instructors to assist parents in		(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?	☐ Yes X Not That I Know Of ☐ Not Sure	
Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.) The project will provide scholarships to LMI adults for classes offered at various Lee's Summit locations. It includes 5 weeks of classes, 2 hours each, offered at 10 different periods throughout the year. Scholarships include free on-site child care, participant handbooks, ongoing support and free refresher classes. The target population includes 265 parents and 515 children. Of the 70-80 scholarships		(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent	United WayPrivate Donors		
	preparing children to accept their choices and consequences. The project will provide scholarships to LMI adults for classes offered at various Lee's		Years and How Funding in 2019 will be Different: (More details needed next page)		
		(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?	☐ 100% or Close ☐ About 70-90% X About 50-70% ☐ Less Than 50% ☐ Less Than 25%		
	provided each year, CDBG funding supports 15-20 of those scholarships.	1,072		☐ Less Than 5%	
(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: (Do not assign a same priority rating to more than one funding	Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: To not assign a same priority rating to more than one funding X 2 3 4 5 6 10 10 10 10 10 10 10 10 10		(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:	pressures of raising children, many find themselves under-skilled and frustrated as parents. These families lack the resources needed to access critical services. CDBG funding allows ReDiscover to intervene early with at-risk families and circumvent behavior that are detrimental to the family, schools are	
requests.)	2 8 (Lowest)				
			(2.10) Describe How Outcomes are Measured: (System and methods have been/will be used.)	Success is measured by: increased knowledge of parenting skills; increased awareness of community resources that support healthy family development; and positive changes in at least two of their child's behaviors. A pre-post test format is used to measure program success.	



SECTION III --- Program Budget

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

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

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

FY 2019-2020 Program Budget

		(3.3)	(3.4)	(3.5) Known	(3.6) Desired CDBG Amount (C)		.7) eral Funds		3.8) ocal Grants	(3.9) All Other Funds (F)
(3.1) Cost Type	Agency Priority	Total Program Budget (Must equal sum of A to F)	Agency's Own Funds (A)	Monetary and In-Kind Donations (B)		(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
(3.1.1) PERSONNEL										
Salaries		\$30,599	\$	\$	\$1,017	\$		\$		\$29,582
Fringe Benefits		\$6,120	\$	\$	\$153	\$		\$		\$5,967
(3.1.2) BIG-TICKET EQ	UIPMENT									
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLI	ES									
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
(3.1.4) PROGRAM SUP	PLIES									
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
(3.1.5) OPERATING EX	PENSES									
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
(3.1.6) OTHERS								en a la marca con	en en en en en en en en en en en en en e	
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$36,719	\$	\$	\$1,170	\$		\$		\$35,549
Notes									-	

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

FY 2018-2019 Actual and Projected Expenses¹ by Funding Sources

	(3.12)		(3.13) Expenses by Funding Type								
(3.11) Total Program Budget	Total Program Expenses ¹ (Actual and Projected)	(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)				
	\$36,719	\$	\$	\$1,170	\$	\$	\$35,549				
Notes											

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

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

	(3.15)		(3.17)					
(3.14) Fiscal Year	Total Program Expenses	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	Number of Clients to be Benefitted
2020-21	\$37,453	\$	\$	\$1,193	\$	\$	\$36,260	790
2021-22	\$38,202	\$	\$	\$1,217	\$	\$	\$36,985	810

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

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(4.1) List Key	(4.1.1) Name	(4.1.2) Telephone	(4.4) Describe your Program In-take and	A parent can be refe personnel (teacher,	erred to	the program by school oom aide, secretary,		
Members of Your Current Board of	Manuel (Manny) Abarca IV	(816) 842-4545	Client Eligibility	counselor, etc.), par	rent, and	other adult (coach,		
Directors:	David Bower	(816) 329-4276	Verification and	classroom voluntee	r) or the	child.		
Directors.	Jennifer Craig	(816) 347-3245	Determination					
	Timothy Duncan	(913) 378-9146	Procedure:					
	Edward Gaffney	(608) 665-5305	(It is required that you					
	Orlando Gutierrez	(816) 729-9591	attach to this application					
	Leonard Jones	(816) 316-4802	a copy of your program					
	Sandy Kessinger	(913) 234-2327	in-take form for					
	Rob Robinson	(816) 760-8310	compliance verification.)					
	Kathy Ross	(913) 669-4923	oomphanoo					
	Catherine Singleton	(913) 647-6455						
	Stephanie Spears	(913) 895-4154						
	David Stackelhouse	(816) 478-0385						
	Erika Kauffman Wheeler	(816) 305-6271						
	× Non-home-based office space			□ Withdraw appli	cation	for funding this yea		
(4.2) Does Your Agency/Division	× 24-hour designated business p		(4.5) Should CDBG Funds Granted be			am resulting in les		
Responsible for the CDBG-funded	service × Full-time program manager/ad	ministrator	Less than Requested, Choose One as Your	clients served				
Program have:	× Full-time secretarial/clerical pe		Preference:	☐ Make changes to the program without reducing the number of clients served				
(Check all that apply)	× Certified financial/accounting p	person on staff		☐ Make up the differences with other fund				
7. 27	× Certified procurement/purchas	W 10		available to my agency				
	 Computerized system for finant accounting (such as QuickBo 					do with that amou		
	Excel)		(4.6) Minimum Amount	(4.6.1) Amount	(4.6.2)	vvny		
	Computerized client informati Secured client records filing s confidentiality)	n system	of CDBG Funds			are no other resource		
		estem (for client	Needed below Which Your Program Just	\$1,170		ailable to fund this sic service		
	× Designated independent finance	cial audit service	would not Work and Why:	ψ1,170				
	× Annual financial audit or financ	cial reporting	vviiy.					
	 Written policies and procedure financial management, addre complaints, etc. 		(4.7) Fee Schedule for this Program, if Fees	(4.7.1) Fee Type		(4.7.2) Amou		
	× Longer than 2 years experience	e in recent years carrying	are Charged for this		n/	a		
	out a similar program within t		Service:					
	Federal grant from another go than the City of Lee's Summi	overnment entity other						
(4.3) To the Best of	× Meet HUD's requirements (City)	will be verified by the		□ No fee for part	icipatin	g in this program		
Your Knowledge, Select One that	□ Not sure and would need C	ity's assessment to	(4.8) If the Requested	(4.8.1) Unit Type		4.8.2) Rate Per Un		
Best Describes Your Current	make that determination Do not meet HUD's require	ments now, but will	CDBG Funds are to Pay for	Program Coordination	on & 5	\$49.42		
Systems and Your	make all necessary change compliance		Employee/Contractor			\$		
Plan to Address Compliance Issues:	Do not and will not be able requirements due to -	to meet HUD's	Salaries and Benefits, Provide Unit Rates:	Notes:				
133063.				77 All				
	□ Have reviewed HUD's required understand them and need to be a second to b		(4.9) Please Indicate Your Realistic Expectations for	but expended by the end of Julie 2020,				
	unucrstanu tilem anu neeu luttilei explanation		Expending the Funds as Requested, if Granted:	☐ All expended by the end of June 2020, but the amount of expenditure will vary				

funds may be expended



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0 8 2019

Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2019-2020

Development Services

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

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 8, 2019 ~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

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

HUD ACT #_____
Fund Adjusted to \$_____
Project Completed_____

SECTION I --- Summary

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

(1.1) Applicant Agency Name:	ReDiscover		(1.17) Program/Project Title:	Case Management of High-Risk Students
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes X No 🗆		(1.18) Location of Service: (Check one)	□ On Site X Off Site □ Out of Lee's Summit
(1.3) Faith-based organization?	Yes No X		(1.19) Program Service Address:	Lee's Summit Elementary School 110 SE Green St., Lee's Summit, MO 64086
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	1555 NE Rice Road		(1.20) Status: (Check one)	X On-going CDBG-funded activity □ On-going non-CDBG-funded activity □ New multi-year activity
(1.5) City/State/Zip:	Lee's Summit, MO 64086			□ New one-time activity
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	044123800		(1.21) The Plan for 2019-20 is: (Check one)	X To keep the service at the current level To expand the service above the current level To reduce the service below the current level N/A
(1.7) Total Organization Annual			(1.22) Total Estimated Cost:	\$36,278
Budget in FY2018-19 FY2018- 19:	19: (To comply with Federal Circular A-133 Audit		(1.23) # of Unduplicated Clients (persons /	Total estimated budget will serve (#) 215 clients. If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$).
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:			households / dwelling unit) to be Served in the funding year:	X Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) 172 clients.
	\$1,524,455		(1.24) Client Eligibility by CDBG Definition:	X 100% L/M Income Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused
(1.9) Executive Director:	Jennifer Craig		(Check one)	children, illiterate, persons living with HIV, or migrant farm workers)
(1.10) Telephone/Fax:	T:816- 347-3245 F:816-347-3200			Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all
(1.11) Email Address:	jcraig@rediscovermh.rog			residents are of L/M income. For the latter, an income survey is required.)
(1.12) Governed by Board of Directors?	Yes X No □		(1.25) CDBG Funding Request for 2019-20:	□ None of the Above \$7,256
(1.13) Total Annual Federal Grants in FY2018-19:	\$1,524,455		(Please round to the nearest dollar)	THE OPPO AND A STATE OF THE OPPOSIT
(1.14) Program Administrator/ Key Contact Person:	Gina Piccinini		(1.26) In 2019, This Service will be Paid for:	☐ With CDBG as the only funding source ☐ With CDBG as a primary funding source X With CDBG as a secondary funding source
(1.15) Telephone/Fax:	T:816-347-3019		(1.27) If Expected, are Other Funding Sources Secured?	Yes X No □
(1.16) Email Address:	gpiccinini@rediscovermh.org		(1.28) Specifically what will CDBG Funds Pay For?	Case management time at Lee's Summit Elementary (including salary, benefits and overhead at \$33.79).

(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: The target population includes at-risk Lee's Summit Elementary School children (K-6) including those with specific risks or disparities in access to behavioral health, health, violence prevention, academic achievement, housing or other related risks. Assessment, therapy, education and referral will be provided 3 days per week.

The project will maintain an ongoing outreach network of teachers, school staff, parents and others to identify high-risk children and connect them to a process that involves an assessment, social skills groups and referrals for ongoing services for the child and the family.

(150 words or less)

It will use prevention and behavioral health techniques to engage Lee's Summit children in active programs early in their lives. Project outcomes include: improvements in academic performance, school attendance and suspension rates.

SECTION II --- Program Description and Eligibility Information

	· · · · · · · · · · · · · · · · · · ·	-		
(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?	Program Satisfy Any of These National Objective Related Qualifiers? Benefiting all persons in a Qualified Census area (if not sure, contact the City) Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, lilliterate adults, persons living with HIV/AIDS, or migrant farm workers) None of the above (Program is most likely not eligible) The target population includes at-risk Lee's Summit		(2.4) Program Objectives: (Check closest one) (2.5) Program Outcomes: (Check closest one)	X Providing improved and suitable living environment (such as crime prevention) □ Providing decent housing (such as residential utility assistance) □ Creating economic opportunities (such as job training for L/M income persons) X Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) □ Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) □ Sustainability (Making the community or
(2.2) Detailed Program Description: (Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)	Elementary School children (K-6) including those with specific risks or disparities in access to behavioral health, health, violence prevention, academic achievement, housing or other related risks. Assessment, therapy, education and referral will be provided 3 days per week. The project will maintain an ongoing outreach network of teachers, school staff, parents and others to identify high-risk children and connect them to a process that involves an assessment, social skills groups and recommendations for ongoing services for the child and the family. The target population includes more than 200 students and 6 group sessions per week including 3 groups per day on Tuesdays and Wednesdays. It is anticipated that 6-8 children will participate in each group session. This program is fully integrated into the R-7 school district. School staff engages in weekly supervision at ReDiscover, as well as in weekly treatment team meetings. The case manager meets regularly with the school's principal and counselor. While the case manager is housed at least halftime at LS Elementary, she responds to referrals from any Lee's Summit R-7	(1) (1) (1) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(2.8) Are there any Overlapping Services Provided by Other Agencies in the Area? (2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different: (More details needed next page) (2.8) At the Current Level of the Agency's Financial Resources	neighborhood more viable) Yes X Not That I Know Of Not Sure MO Dept of Mental Health MO Medicaid Private Insurance COMBAT Jackson County Community Mental Health Fund Local Foundations Private Donors 100% or Close About 70-90% About 50-70%
(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: (Do not assign a same priority rating to more than one funding requests.)	X 1 (Highest) □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	東京の 1986年 1987年 1886年	(non-CDBG), What Percentage of Client Need will be Met? (2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:	X Less Than 50% Less Than 25% Less Than 5% Economic stressors continue to negatively impact Lee's Summit residents. Children are exhibiting the manifestations of these stressors. The majority of these families do not have the resources needed to access critical services. CDBG funding allows ReDiscover to intervene early and circumvent behaviors that are detrimental to the larger society.
	☐ 8 (Lowest)		(2.10) Describe How Outcomes are Measured: (System and methods have been/will be used.)	Success is measured by improvements in academic performance, school attendance and suspension rates. Students learn to: manage risk factors in practical and positive ways; find and provide mutual support among peers; and develop a positive relationship with an adult role model. Methods include observation, record review and surveys.



SECTION III --- Program Budget

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

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

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

FY 2019-2020 Program Budget

		(3.3)	(3.4)	(3.5) Known	(3.6) Desired CDBG Amount (C)		8.7) Ieral Funds	1000	3.8) ocal Grants	(3.9) All Other Funds (F)
(3.1) Cost Type	Agency Priority (gency Budget iority (Must equal	Agency's Own Funds (A)	Monetary and In-Kind Donations (B)		(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
(3.1.1) PERSONNEL										
Salaries		\$30,231	\$	\$	\$6,046	\$		\$		\$24,185
Fringe Benefits		\$6,047	\$	\$	\$1,210	\$		\$		\$4,837
(3.1.2) BIG-TICKET EQ	UIPMENT									
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLI	ES									
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
(3.1.4) PROGRAM SUP	PLIES			entroperation (Carter)						
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
(3.1.5) OPERATING EX	PENSES									
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
(3.1.6) OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$36,278	\$	\$	\$7,256	\$		\$		\$29,022
Notes										

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

FY 2018-2019 Actual and Projected Expenses¹ by Funding Sources

	(3.12)	(3.13) Expenses by Funding Type									
(3.11) Total Program Budget	Total Program Expenses ¹ (Actual and Projected)	(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)				
	\$36,278	\$	\$	\$7,256	\$	\$	\$29,022				
Notes											

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

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

	(3.15) (3.16) Expenses by Funding Type							
(3.14) Fiscal Year	Total Program	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	(3.17) Number of Clients to be Benefitted
2020-21	\$37,185	\$	\$	\$7,437	\$	\$	\$29,748	220
2021-22	\$38,115	\$	\$	\$7,623	\$	\$	\$30,492	225

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

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

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

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well sperformance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and equirements 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.

(4.1) List Key	(4.1.1) Name	(4.1.2) Telephone					
Members of Your	Manuel (Manny) Abarca IV	(816) 842-4545					
Current Board of	David Bower (816) 329-4276						
Directors:	Jennifer Craig (816) 347-3245						
	Timothy Duncan (913) 378-9146						
	Edward Gaffney	(608) 665-5305					
	Orlando Gutierrez (816) 729-9591						
	Leonard Jones	(816) 316-4802					
	Sandy Kessinger	(913) 234-2327					
	Rob Robinson	(816) 760-8310					
	Kathy Ross	(913) 669-4923					
	Catherine Singleton	(913) 647-6455					
	Stephanie Spears	(913) 895-4154					
	David Stackelhouse	(816) 478-0385					
	Erika Kauffman Wheeler	(816) 305-6271					
	× Non-home-based office space						
(4.2) Does Your Agency/Division Responsible for	× 24-hour designated business p service	hone line or answering					
the CDBG-funded	× Full-time program manager/adı	ministrator					
Program have:	× Full-time secretarial/clerical person						
(Check all that apply)	× Certified financial/accounting person on staff						
-1-1-37	× Certified procurement/purchasing person						
	× Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)						
	× Computerized client information system						
	× Secured client records filing system (for client confidentiality)						
	× Designated independent financial audit service						
	× Annual financial audit or financ	ial reporting					
	Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.						
	Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit						
(4.3) To the Best of Your Knowledge,	× Meet HUD's requirements (will be verified by the City)						
Select One that Best Describes Your Current Systems and Your Plan to Address	☐ 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						
Compliance Issues:	Do not and will not be able to meet HUD's requirements due to -						
	☐ Have reviewed HUD's requi						

(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program in-take form for compliance verification.)	personnel (teacher, lunch room aide, secretary, counselor, etc.) parent, another adult (coach, classroom volunteer) or the child. The case manager will observe a child's behavior in a classroom or other school environment (outside or inside) and document that behavior. An informal plan will be developed to address the child's need, family need and/or school's personnel needs. This plan is shared with the student and identified adults. It may include individual or group action steps or referral to other resources for additional services such as mental health counseling, community resources, etc.					
(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	X Scale down the clients served ☐ Make changes reducing the n	 □ Withdraw application for funding this year X Scale down the program resulting in less clients served □ Make changes to the program without reducing the number of clients served 				
	☐ Make up the differences with other funds available to my agency					
	□ No sure what w	sure what we can do with that amo				
(4.6) Minimum Amount	(4.6.1) Amount (4.6.2		2) Why			
of CDBG Funds Needed below Which Your Program Just would not Work and Why:	There are no other reso available to fund this basic service			ble to fund this		
(4.7) Fee Schedule for	(4.7.1) Fee Type			(4.7.2) Amount		
are Charged for this	n/a					
Service:						
	☐ No fee for participating in this program					
(4.8) If the Requested	(4.8.1) <i>Unit Type</i>			.2) Rate Per Unit		
	Case Management		-	3.79		
Employee/Contractor			\$			
Salaries and Benefits, Provide Unit Rates:	, Notes:					
(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	X All expended before the end of 2019 All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service Not sure how soon and how quickly these					
	Program In-take and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program in-take form for compliance verification.) (4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference: (4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why: (4.7) Fee Schedule for this Program, if Fees are Charged for this Service: (4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if	Program In-take and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program in-take form for compliance verification.) (4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference: (4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why: (4.7) Fee Schedule for this Program, if Fees are Charged for this Service: (4.8) If the Requested CDBG Funds are Charged for this Program, if Fees are Charged for this Service: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expended by Dut e	Program In-take and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program in-take form for compliance verification.) (4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference: (4.6) Minimum Amount of CDBG Funds Granted be Less than Requested, Choose One as Your Preference: (4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why: (4.7) Fee Schedule for this Program, if Fees are Charged for this Service: (4.8) If the Requested CDBG Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expenditures will distributed to each Quarterly depending service (4.9) Please Indicate Your Realistic Expenditures will distributed to each Quarterly depending service (4.9) Please Indicate Your Realistic Expenditures will distributed to each Quarterly depending service	Program In-take and Client Eligibility Verification and Determination Procedure: (It is required that you attach to this application a copy of your program in-take form for compliance verification.) (4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference: (4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why: (4.7) Fee Schedule for this Program, if Fees are Charged for this Service: (4.8) If the Requested CDBG Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: (4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: All expended by the end but the amount of expending on service ending ending on service ending ending on service ending ending on service ending ending on service ending ending ending on service ending ending on service ending en		



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Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2019-2020

Development Services

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

2 copies of the application must be received or postmarked by 5:00 p.m., Friday, February 8, 2019 ~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

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

HUD ACT #_____
Fund Adjusted to \$_____
Project Completed_____

SECTION I --- Summary

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

(1.1) Applicant Agency Name:	Hillcrest Ministries of MidAmerica, Inc.		(1.17) Program/Project Title:	Transitional Housing for the Homeless in Lee's Summit, Missouri – Case Manager Salary		
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes X No 🗆		(1.18) Location of Service: (Check one)	X On Site Off Site Out of Lee's Summit		
(1.3) Faith-based organization? (1.4) Agency's Street Address: (PO Box Not Acceptable without City's	Yes X No 501 SW Mission Road		(1.19) Program Service Address:	501 SW Mission Road Lee's Summit, MO 64063		
(1.5) City/State/Zip:	Lee's Summit, MO 64063		(1.20) Status: (Check one)	 □ On-going CDBG-funded activity X On-going non-CDBG-funded activity □ New multi-year activity □ New one-time activity 		
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	010110092		(1.21) The Plan for 2019-20 is:	X To keep the service at the current level To expand the service above the current level To reduce the service below the current level		
(1.7) Total Organization Annual Budget in FY2018-19 FY2018-	\$1,782,947.21		(Check one) (1.22) Total Estimated Cost:	\$356,582.00		
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	(To comply with Federal Circular A-133 Audit requirement, the City will require your agency to submit the A-133 Compliance Monitoring Form and the most recent Audit Report at the time of Grant Agreement)		(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	Total estimated budget will serve (#) 192. If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)1857. Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) 128 clients.		
(1.9) Executive Director:	\$0 Tom Lally		(1.24) Client Eligibility by CDBG Definition:	X 100% L/M Income X Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused		
(1.10) Telephone/Fax:	T:913-291-7359 F:816-994-6946		(Check one)	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		
(1.11) Email Address: (1.12) Governed by Board of Directors?	tom@hillcrestkc.org Yes X No			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		
(1.13) Total Annual Federal Grants in FY2018-19:	\$0		(1.25) CDBG Funding Request for 2019-20: (Please round to the nearest dollar)	\$25,000		
(1.14) Program Administrator/ Key Contact Person:	Tom Lally		(1.26) In 2019, This Service will be Paid for:	☐ With CDBG as the only funding source ☐ With CDBG as a primary funding source X With CDBG as a secondary funding source		
(1.15) Telephone/Fax:	T:913-291-7359 F:816-994-6946			A Will obbo as a secondary funding source		
(1.16) Email Address:	tom@hillcrestkc.org		(1.27) If Expected, are Other Funding Sources Secured?	Yes X No 🗆		
			(1.28) Specifically what will CDBG Funds Pay For?	Case Manager's Salary		

(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:(150 words or less) Hillcrest Transitional Housing of Mid-America requests support for the Case Manager's salary in our Lee's Summit, Missouri transitional housing location. Sixteen transitional housing apartments are provided in Lee's Summit to homeless households. The Case Manager provides direct supportive services to residents, assisting them in finding employment, learning to budget income, teaching basic life-skills, providing counseling, assisting them in reducing or ending welfare benefits, and helping them find and secure permanent housing.

SECTION II --- Program Description and Eligibility Information

,	T			
(2.1) Does the Program Satisfy Any	X Benefiting low-to-moderate income persons Benefiting all persons in a Qualified Census		(2.4) Program Objectives:	☐ Providing improved and suitable living environment (such as crime prevention)
of These National Objective Related	area (if not sure, contact the City)		(Check closest one)	X Providing decent housing (such as residential utility assistance)
Qualifiers?	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		,	Creating economic opportunities (such as job training for L/M income persons)
	actual survey) X Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm		(2.5) Program Outcomes: (Check closest one)	□ Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)
	workers) :: None of the above (Program is most likely not eligible)		(Oneon closest only)	X Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)
(2.2) Detailed Program	Hillcrest will provide a private, fully-furnished apartment unit at no cost to homeless families			Sustainability (Making the community or neighborhood more viable)
Description:	in Lee's Summit, Missouri, for a period of up to 90 days. Each resident is required to find and		(2.6) Are there any	□ Yes
(Focus on client need, the history and nature	maintain 35-40 hours per week of employment,		Overlapping Services	X Not That I Know Of
of the program. Discuss also how the	and to attend weekly supportive services classes in case management, budgeting, life-		Provided by Other Agencies in the Area?	☐ Not Sure
service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)	skills, employment, and community living. All clients are homeless and at or below 50% Area Median Income with many clients below AMI. CDBG funds will pay for the salary and benefits of the Case Manager, who provides and coordinates all client services. The project will serve an average of 192 individuals during the one-year grant period (based on estimate of one family of four per apartment per quarter x 4 quarters x 16 apartments). All Hillcrest residents enter the		(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different: (More details needed next page)	Hillcrest is supported annually by philanthropic support from individuals, government grants, corporations, foundations, and special events. In addition, a significant number of volunteers donate time and many faith-based groups provide cash and in-kind support. Funding in 2019 is projected to be the same.
	program from homelessness. Persons to be assisted are typically single female-led households with children, however two-parent		(2.8) At the Current Level of the Agency's	리 100% or Close
	households with children, couples without		Financial Resources	X About 70-90% B About 50-70%
	children, and single males and females are also served by the program. Residents represent all		(non-CDBG), What Percentage of Client	
	ages and ethnicities, and often demonstrate having experienced domestic abuse, mental		Need will be Met?	Less Than 25%
	illness, and other disabling conditions. All			☐ Less Than 5%
	clients, regardless of age, race, ethnicity, gender, religious affiliation, sexual orientation, or	1	(2.9) Provide Critical	The families we serve are in desperate need
	marital status, are served by the program		Justification for the Timing of this Service	for affordable housing and assistance in breaking the cycle of generational poverty. If
(2.3) If Your Agency is Submitting Multiple			and Description of the	l
CDBG Funding	T) 2		Possible Consequences if the	cycle of homelessness and lack of access to
Requests, Assign a Priority to this	U 3	165	Service is not	needed services. As multiple studies support, homelessness impacts an
Request:	L: 5		Available:	individuals physical and mental health as well
(Do not assign a same priority rating to more	G 6			as their education and employment prospects. Our work is critical.
than one funding	T. 7		(2.10) Describe How	Outcomes will be measured using client pre
requests.)	⊥ 8 (Lowest)		Outcomes are Measured:	and post program surveys, program and client data tracked in the local Homeless
			(System and methods have been/will be used.)	Management Information System, Caseworthy, hard copies of client files, and historical program data. The program is evaluated on an ongoing basis, with input from clients, staff, and volunteers, to determine what works, what needs
		•		improvement, and if any changes should be implemented the following program year.



SECTION III --- Program Budget

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

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

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

FY 2019-2020 Program Budget

	.8) ocal Grants	1170	.7) eral Funds	(3 Other Fed	(3.6)	(3.5) Known	(3.4)	(3.3)			
(3.9) All Other Funds (F)	(3.8.2) Applied or Granted?	(3.8.1) Amount (E)	(3.7.2) Applied or Granted?	(3.7.1) Amount (D)	Desired CDBG Amount (C)	Monetary and In-Kind Donations (B)	Agency's Own Funds (A)	Total Program Budget (Must equal sum of A to F)	(3.2) Agency Priority (1=highest)	(3.1) Cost Type	
PERSONNEL	(3.1.1)										
\$194,260		\$		\$	\$25,000	\$169,260	\$	\$194,260	1	Salaries	
\$		\$		\$	\$	\$	\$	\$		Fringe Benefits	
FEQUIPMENT	.1.2) BIG-TICKET	(3									
\$		\$		\$	\$	\$	\$	\$		Computers	
\$		\$		\$	\$	\$	\$	\$		Appliances	
\$		\$		\$	\$	\$	\$	\$		Motorized Vehicle	
CE SUPPLIES	(3.1.3) OFFI										
\$5,030		\$		\$	\$	\$5,030	\$	\$5,030		General Office Supplies	
AM SUPPLIES	(3.1.4) PROGRA										
\$		\$		\$	\$	\$	\$	\$		Supplies Required for Carrying out the Program	
G EXPENSES	3.1.5) OPERATIN	1 (;									
\$60,354		\$		\$	\$	\$60,354	\$	\$60,354		Utilities	
9		\$		\$	\$	\$	\$	\$		Insurance	
\$6,280		\$		\$	\$	\$6,280	\$	\$6,280		Legal Services	
\$7,900		\$		\$	\$	\$7,900	\$	\$7,900		Transportation Related	
3.1.6) OTHERS	(;										
9		\$		\$	\$	\$	\$	\$		Meals and Nutrition	
\$56,312		\$		\$	\$	\$56,312	\$	\$56,312		Rental Assistance	
9		\$		\$	\$	\$	\$	\$			
\$26,446		\$		\$	\$	\$26,446	\$	\$		Other	
\$356,582		\$		\$	\$25,000	\$331,582	\$	\$		(3.10) TOTALS	
										Notes	

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

FY 2018-2019 Actual and Projected Expenses¹ by Funding Sources

	(3.12)	(3.13) Expenses by Funding Type									
(3.11) Total Program Budget	Total Program Expenses¹ (Actual and Projected)	(3.13.1) Agency Funds (A)	(3.13.2) Donations & In-Kind (B)	(3.13.3) CDBG Grant (C)	(3.13.4) Other Federal Funds (D)	(3.13.5) State & Local Grants (E)	(3.13.6) All Other Funds (F)				
\$350,000	\$350,000	\$	\$350,000	\$	\$	\$	\$				
Notes											

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

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

	(3.15)		(3.17)					
(3.14) Fiscal Year	Total Program Expenses	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	Number of Clients to be Benefitted
2020-21	\$360,000	\$	\$335,000	\$25,000	\$	\$	\$	200
2021-22	\$370,000	\$	\$345,000	\$25,000	\$	\$	\$	200

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



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

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

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well 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.

(4.1) List Key	(4.1.1) Name	(4.1.2) Telephone	(4.4) Describe your	Anyone intereste a written applica		crest must submit	
Members of Your	Barbara Martin	816.830.3904	Program In-take and	website. It is the	n the ap	plicant's	
Current Board of Directors:	Brennan Tucker	816.726.9728	Client Eligibility Verification and	responsibility to			
5110010101	Bruce Heavner	816.679.2608	Determination	Once a program		est in the program	
	Catalina Thompson	913.306.3777	Procedure:	applicant will be	invited to	o an interview. A	
	Charley Fleenor	816.525.3465	(It is required that you attach to this application	committee of sta			
	George Kapke	816.461.3800	attach to this application a copy of your program	each applicant a concerns, and go			
	J. Scott King	816.478.6699	in-take form for	attends the inter			
	Jimmy Brummett	816.252.2255	compliance verification.)	information abou			
	Joy Campbell	913.647.9826		details about the		will provide more	
	Kelly Buckner	816.699.0049				of the interview a	
	Kelly Buckliel	810.099.0049	50 W 50	to whether the page applicant.	rogram i	s a good fit for the	
			(4.5) Should CDBG	CARRESON PROSESSOR	ication fo	or funding this yea	
P V	X Non-home-based office	space	Funds Granted be Less than Requested,	□ Scale down the clients served		m resulting in less	
(4.2) Does Your Agency/Division Responsible for the		iness phone line or answering	Choose One as Your Preference:	as Your Make changes to the program without			
CDBG-funded	X Full-time program mana	ger/administrator					
Program have:	X Full-time secretarial/cler	rical person					
(Check all that apply)	X Certified financial/accou	inting person on staff	<u> </u>	☐ No sure what v	we can d	lo with that amour	
	X Certified procurement/purchasing person X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)		(4.6.1) Amount (4.6.2) Why		Vhy		
		(4.6) Minimum Amount of CDBG Funds Needed below Which	Operating funds for st members are critic		ting funds for staff		
	X Computerized client info	ormation system	Your Program Just	\$25,000 a	and	and difficult to secure.	
-	X Secured client records f confidentiality)	iling system (for client	would not Work and Why:				
	X Designated independen	t financial audit service	(4.7) Fee Schedule for	(4.7.1) Fee Type	•	(4.7.2) Amoui	
	X Annual financial audit of	r financial reporting	this Program, if Fees				
		cedures for hiring, personnel nent, addressing employee or	are Charged for this Service:				
N	X Longer than 2 years exp	perience in recent years					
		orogram within this agency ant from another government ity of Lee's Summit		X No fee for participating in this program			
		ents (will be verified by the	(4.8) If the Requested	(4.8.1) <i>Unit Type</i>	(4	.8.2) Rate Per Uni	
(4.3) To the Best of Your Knowledge,	City)	(22 .2	CDBG Funds are to		\$		
Select One that Best	□ Not sure and would n	eed City's assessment to	Pay for Employee/Contractor		\$		
Describes Your Current Systems and Your Plan to Address Compliance Issues:	□ Do not meet HUD's re	equirements now, but will changes or add capacity for	Salaries and Benefits, Provide Unit Rates:	Notes: Rates are not charged per unit.			
	□ Do not and will not be able to meet HUD's requirements due to -	(4.9) Please Indicate Your Realistic Expectations for	but expenditures will be evenly				
		s requirements, but do not d need further explanation	Expending the Funds as Requested, if Granted:	distributed to each quarter ☐ All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for			
				service □ Not sure how s funds may be		d how quickly thes	



APPLICATION FORM FOR CONSTRUCTION/ REHAB/ ACQUISITION/ DEMOLITION PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE COMPLETED THE ACTIVITY TYPE AND ELIGIBILITY DETERMINATION CHART AND DEFINING THE NEED WORKSHEET 2 copies of the application must be received or postmarked by 5:00 p.m., Friday Fabrican Projects Department City of Land

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

HUD ACT #_ Fund Adjusted to \$ Project Completed

SECTION I --- Summary

		_ <u>* </u>	
(1.1) Applicant Agency	Lee's Summit Housing Authority	(1.22) Program/Project Title:	Duncan Estates Bathroom Rehab
Name: (1.2) Not-for-profit	Yes Political Subdivision No □	(1.23) Location of Project: (Check one)	X On Site □ Off Site □ Out of Lee's Summit
organization (with active 501(c) status)?	Yes No X	(1.24) Status: (Check one)	X On-going CDBG-funded activity ☐ On-going non-CDBG-funded activity ☐ New multi-year activity ☐ New one-time activity
organization?	111 SE Grand Avenue	(1.25) Total Estimated Project Cost: (Do not fill this blank until you	\$340,000.00
(1.4) Agency's Street Address: (PO Box Not	111 OE Sidile / Worlds	finish the entire form)	
Acceptable without City's Consent)		(1.26) Cost Estimate Is Based On: (You may attach the estimate details)	Independent Cost Estimate (CMR) Plans & Specifications
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1,27) Cost Estimate Includes:	☐ Property Survey X Engineering Design
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	781244835	(Majority of construction and reconstruction projects require these for procurement)	X Bid Advertising (in 2 papers at minimum, one of which must be a minority paper)
(1.7) Total Organization Annual Budget in FY2018-19:	\$5,446,790.00	(1.28) Cost Estimate Also Includes: (May be required for procurement)	X Prevailing Wages for Construction Workers (Davis-Bacon)
(1.8) Executive Director:	Darrin J. Taylor	(1.29) # of Clients to be Served: (Only clients enrolled for service)	33 Residential Units 40 LMI Residents
(1.9) Telephone/Fax:	T:8165241100 F:8165241878	(1.30) Client Eligibility by CDBG	X 100% L/M Income © Presumed Benefit (Exclusively seniors, homeless,
(1.10) Email Address:	darrin.taylor@leessummithousingauthority.org	Definition:	persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant
(1.11) Governed by Board of Directors?	Yes X No 🗆	(Check one)	farm workers) Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined
(1.12) Total Annual Federal Grants in FY2018-19:	\$4,996,790.00		service boundaries where at least 51% of all residents are of LM income. For the latter, an income survey is required.) None of the Above
(1.13) Total Federal \$\$\$ Expended-during Agency's FY2018-19:	(To comply with Federal Circular A-133 Audit requirement, the City will require your agency to submit the A-133 Compliance Monitoring Form and the most recent Audit Report at the time of Grant Agreement) \$	(1.31) Amount of CDBG Funding Request for 2018-19: (Please round to the nearest dollar)	\$ 230,000.00
(1.14) Prior Experience with Similar Projects Funded with Federal Grant?	Yes X No □ (If No, skip the next question)	(1.32) Specifically what will CDBG Funds Pay For? (Be as specific as possible and avoid using general terms.)	Bathroom rehab/capital improvements including toilets, shower/tub units, lavatories, flooring, lighting, plumbing upgrades, ADA features, painting, ventilation.
(1.15) Name the Most Recent Such Project and Year:	HUD/CDBG Activity #667 Phase I		Necessary Physical Improvements
(1.16) Project Manager:	Darrin J. Taylor	(1.33) If Expected, are the Other	Yes X No □
(1.17) Telephone/Fax:	T:SAME F:SAME	Funds Secured?	
(1.18) Email Address:	SAME	NA-35 Public Housing – 9°	1 205(b)
(1.19) Project Key Contact:	SAME	MAY-99 LUDIIG LIONAHIIA — A.	1.20 0(1)
(1.20) Telephone/Fax:	T: SAME F:SAME		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
(1.21) Email Address:	SAME		•

^{*} Activities for special economic development may not fit this form per HUD regulations, Please contact the City for additional instructions

(1.34) Project Type: (Check one)	□ Acquisition of Real Property for Public Use □ Demolition □ Not-for-profit Facility Reconstruction □ Not-for-profit Facility New Construction □ Public Facility/Infrastructure Improvement X Housing Rehabilitation/Repairs □ Conversion of Non-housing Structure to Housing for L/M Income Residents	(1.35) Brief Description of the Project and the Impact the Requested CDBG Grant will have: (150 words or less)	The capital improvements identified are part of the LSHA 5-Year Plan 10/01/2015 – 09/30/2019 and as identified in the Environmental Review record for the same period. These improvements are determined necessary for the long term viability and preservation of the low-income public housing stock. All capital improvements are designed to improve energy efficiency, conserve natural resources and lower utility costs. The LSHA 5-Year Plan is based on the UPCS inspections by HUD/REAC Real Estate Assessment Center. CDBG funds are necessary to augment limited funding available to LSHA to carry-out required capital improvements; to maintain the housing stock and carry-out its mission of providing safe, decent and affordable housing.

SECTION II -- Project Description and Eligibility Information

· \		_		
max Describe De	X Benefiting low-to-moderate income persons	100	(2.5) If Your Agency is	X 1 (Highest)
(2.1) Does the Pro Satisfy Any of T	oject	511	Submitting Multiple	
National Obje	rtivo	600	CDBG Funding	□ 3
Related Qualifi	organ is benefiting an area in which at least 51% of the		Requests, Assign a	□4
Toldesa Gualin	population is Divi income (A clear delinearion		Priority to this	□5
	of the service area is required and the		Request:	□6
	percentagé must be based on a reasonable assumption or an actual survey)		(Do not assign a same priority rating to more than	□7
		Š	one funding requests.)	□ 8 (Lowest)
	☐ Benefiting a Limited Clientele group (which	19		☐ Providing improved and suitable living
	includes exclusively the homeless, seniors 62		(2.6) Project Objectives:	environment (such as eliminating physical
	and over, battered spouses, abused children, severely disabled adults, illiterate adults,			barriers for the disabled)
	persons living with HIV, or migrant farm		(Check closest one)	X Providing decent housing (such as eliminating
	workers)			serious safety hazards from affordable
				housing)
	□ None of the above (Program is most likely not			☐ Creating economic opportunities (such as
	eligible)			creating new jobs for the disadvantaged population)
(2.2) Det	ailed LSHA properties are aging and all aging	100		□ Availability/Accessibility (Making needed
Description o		100	(2.7) Project Outcomes:	facility available/accessible to qualified
Project for W				clients)
Funds		100	(Check closest one)	X Affordability (Making the facility affordable to
Reques	LSHA properties are the only viable public	100		qualified clients)
	the contract of the contract o	200		X Sustainability (Making the community or
(Focus on the ph nature of the project,	/			neighborhood more viable)
as degree of ph		100	(a.m.) If Amplicable Milat	
deterioration the ex	isting actions to cost effectively and efficiently		(2.8) If Applicable, What Year was the Same	
facility and sp	GUNCt - Latter	122	Improvement done	
improvements need correct the prol			Last Time to the Same	Year
,	The LSHA uses information from annual		Facility?	
	Uniform Physical Conditions Standards	1117		
	(UPCS) inspection to complete 5-Year and	7.7	(2.9) If Continuing	LSHA has utilized CDBG and CFP funds
I	Annual Plans to carry out capital	25	Project, Describe	to carry-out physical improvements to its
	improvements. LSHA capital		Briefly How it has been	properties. Physical improvements
	improvements planning emphasizes		Financially Supported	identified in a 5-Year Plan. Preserving long
	energy efficiencies where cost effective		in Recent Years?	term viability of low-income public housing
	and feasible. The current capital			stock.
	improvements project is Phase I of a three-	200		
,	year plan to improve living conditions in 76	100		
	residential units located at Duncan Estates	100		
	and Lea Haven.	200		
		179		
	Improvements focus on interior	1000	(2.10) If This Project is	□ Will Not Change
	rehabilitation; to bathrooms and living	200		☐ Will Decrease Slightly
,	areas in 76 units. Improvements to	1000	Impact will it have on	
	include ADA improvements in the	250 250 250 250 250 250 250 250 250 250	the Number of Clients	☐ No Clients Will be Served
	bathrooms of selected units. All		Served?	☐ No Additional Clients Will be Served
	improvements incorporate water-saving			COMO! Not be that as a Denuit
* . * .	technology to conserve water usage and	1	(2.11) If this Project is	
	generate savings to LSHA and reducing	I	Not Funded in this	I compare and the state of the
	utility costs for low-income families,	1000	Program Cycle, Your	X Will Face Growing Complaints from Clients
'	seniors and disabled residents.		Agency or Service: (Check all that apply.)	□ Will Face Code Violation Citations and
			, check an mar apply)	Penalties
	Conserve Natural Resources, Reduce	100		□ Other
	Utility Costs, Long-Term Viability,		(2.12) Factors	☐ Likely Personnel Change at the Agency
	1		Potentially Affecting	☐ No Procurement Professional on Staff
	Improve Living Conditions.	1000	the Implementation of	Familiar with Federal Procurement Rules
	Improve Living Conditions.			Lene 1 Constant from the
			this Project:	☐ Relocation of Current Service from the
45 (1) (1) (1)	Improve Living Conditions. NA-35 Public Housing – 91.205(b)			Existing Facility to Allow Construction
er er er er er er er er er er er er er e	NA-35 Public Housing – 91.205(b)		this Project: (Check all that apply.)	Existing Facility to Allow Construction Availability and Timing of Other Funds for this
#	NA-35 Public Housing – 91.205(b) MA-25 Public and Assisted Housing –			Existing Facility to Allow Construction Availability and Timing of Other Funds for this Project
# 0.2	NA-35 Public Housing – 91.205(b)			Existing Facility to Allow Construction ☐ Availability and Timing of Other Funds for this Project ☐ Approval from Other Authorities
	NA-35 Public Housing – 91.205(b) MA-25 Public and Assisted Housing – 91.210(b)			Existing Facility to Allow Construction □ Availability and Timing of Other Funds for this Project □ Approval from Other Authorities □ Design/Redesign of the Facility
#	NA-35 Public Housing – 91.205(b) MA-25 Public and Assisted Housing –			Existing Facility to Allow Construction ☐ Availability and Timing of Other Funds for this Project ☐ Approval from Other Authorities ☐ Design/Redesign of the Facility ☐ Lack of Records Detailing the Physical
#	NA-35 Public Housing – 91.205(b) MA-25 Public and Assisted Housing – 91.210(b)			Existing Facility to Allow Construction □ Availability and Timing of Other Funds for this Project □ Approval from Other Authorities □ Design/Redesign of the Facility □ Lack of Records Detailing the Physical Nature of the Existing Facility
	NA-35 Public Housing – 91.205(b) MA-25 Public and Assisted Housing – 91.210(b)			Existing Facility to Allow Construction ☐ Availability and Timing of Other Funds for this Project ☐ Approval from Other Authorities ☐ Design/Redesign of the Facility ☐ Lack of Records Detailing the Physical

(2.3) 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.) MA-25 Public and Assisted Housing ~ 91.210(b)

AP-60 Public Housing - 91.220(h)

AP-55 Affordable Housing - 91.220(g)

Meeting LSHA 5-Year Plan Objectives and Consolidated Plan Objectives and National CDBG Objectives – Benefiting LMI Elderly/Disabled Public Housing Residents – LMI Housing Rehabilitation of Permanent Housing

The Lee's Summit Housing Authority receives limited funding from the U.S. Department of Housing and Urban Development. Each year, LSHA undergoes a Uniform Physical **Conditions Standards Inspection** according to protocol established by **HUD Real Estate Assessment Center** (REAC). Inspection results along with information from maintenance workorders and tenant complaints is used as a basis for developing our 5-Year Plan for modernization and capital improvements. All identified work items are evaluated using data on expected life-expectancies from the Uniform Residential Rehabilitation Guide. Our projects list as identified in our 5-Year Plan are prioritized and included in an environmental review previously conducted. In FY 2017 and over the next three years, includes necessary upgrades in the interiors of the occupied residential units including, bathrooms and other interior living spaces. We anticipate the project(s) will be phased as total project costs are estimated at over \$650,000. To accomplish this project, LSHA will use CFP (Capital Fund Program) in conjunction with CDBG grant funds over a three-year period. CDBG funds are necessary to augment limited HUD funding to allow LSHA to maintain its low-income properties in a manner consistent with community values and commensurate with providing safe, decent and affordable housing for the primarily senior and disabled families we serve. The use of CDBG funds in this endeavor is consistent with objectives identified in the City of Lee's Summit Consolidated Plan.

This Dustratio	X Affordable Housing and Transitional Housing								
(2.4) This Project is	□ Temporary Shelter								
Directly Related to	☐ Childcare								
the Applicant's	☐ Youth Services		1						
Service of Providing:	☐ General Public Services				÷				
	X Services for Seniors and the Disabled							11	
1	☐ General/Mental Health Services	•							
	☐ Education Services							 	
1	☐ Job Training/Readiness Services								
	☐ Drug/Alcohol Abuse Counseling/Treatment	1.1							`
	□ Other	٠		-		٠			
				y no our manualtits de Saltino es do		sacrosia materia	A 444 BRASK (100 917 170)	LOCATION CONTROL	an merununtakan



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.

oplying agencies must demonstrate that all efforts have been made to leverage other resources for the program before CDBG funding is considered.

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

FY 2019-2020 Project Budget

, f	(3.2)	(3.3) Total Project	(3.4) Agency's	(3.5) Known Cash	(3.) Other Fede		(3. State & Lo		(3.8) All	(3.9) Desired
(3.1) Service/Cost Type	Agency Priority (1=highest)	Cost (Must equal sum of A to F)	Own Funds (A)	and In-Kind Donations (B)	(3.6.1) Amount (C)	(3.6.2) Applied / Granted?	(3.7.1) Amount (D)	(3.7.2) Applied / Granted?	Other Funds (E)	CDBG Amount (F)
(3.1.1) ACQUISITION		Mashuju shriji di		ENESCHMENT OF DUTY			Hitroxor Wild Top:	All Held Bury is all		
Land	• · · ·	\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
(3.1.2) PROFESSIONAL SERVICES (As required for procurement)	T. W. P				r skieden en 1950en Rieden Erichberen					Burgarus G. Grandsus G. Astronomis G. Silvers
Property Survey		\$.	\$	\$	\$	<u> </u>	\$		\$.	\$
Engineering Design/Redesign	7	\$	\$	\$	\$		\$	-1	\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$	\$
(3.1.3) CONSTRUCTION/REHAB							Can British		a gar	
Demolition/Removal		\$	\$	\$	\$		\$.		\$	\$
Site Preparation		\$	\$	\$	\$.		\$.		\$	\$
Construction		\$	\$	\$	\$		·\$		\$.	\$.
Rehabilitation	1	\$340,000	\$10,000	\$0	\$100,00	100,000	\$0 .	0	\$110,00	\$230,000
Lead-based Paint Abatement		\$	\$	\$	\$ -		\$	-	\$.	\$
(3:1.4) LABOR:					de Brignie i					rille i Filiti
Contract Labor		\$	\$	\$	\$, \$		\$	\$
:1.5) MATERIAL S/SUPPLIES						i grayanik			C.FAG.	
Materials and Supplies (Not furnishing, fixtures or equipment)		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$.
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
(3.1.6) FEES/OTHER OVERHEAD										
Permit Fee(s)		\$	\$	\$	\$		\$.\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising (If required, ads must be published in at least 2 papers).		\$	\$	\$ -	\$		\$		\$	\$
(3.10) TOTALS		\$340,000	\$0 .	\$0	\$100,000	100,000	\$0	0	\$110,000	\$230,000
Notes	. 1 1									
L.,					 					

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

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

(3.11) Item		(3.12) Description of Methods and Sources	(3.13) Notes			
Occupied	Residential Rehab	CMR -Independent Cost Estimate Architect Consultation – HUD Rehab Guide – Prior Experience	Total Rehab project Costs Inclusive of Items in (ICE), Labor, Materials, Construction Overhead Davis Bacon, Insurance, A/E Fees & Costs, Advertising.			

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

	(3,15)				(3,17)			
(3.14) Fiscal Year	Total Project Costs	(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.15.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	Number of Clients to be Benefitted
2020-21	\$300,000	\$10,000	·\$0	\$200,000	\$100,000	\$0	\$0	135 LMI
2021-22	\$300,000	\$10,000	\$0	\$200,000	\$100,000	\$0	\$0	135 LMI

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

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

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

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

(2-	Г.	<u> </u>	TEEN	·	1	
(4.1) List all Members of Your Current Board of	Name	Telephone		(4.5) Displacement of		*
Directors:	Emmet Pierson, Jr.	816-517-8140		Persons? (It is the City's policy that no	⊔ Yes	
	Barbara Henson	816-805-9199		persons should be displaced	in No □ Not Sure	
	Kalhy Kelsey	816-721-7047		due to a CDBG-funded activity.)		
	Tameka Bryant	816-922-0985				<u> </u>
· ·	Syrtiller Kabat	816-524-5257		(4.6) Describe your Agency's In-take and	Meets HUD & Co	DBG Requirements
. :				Client Eligibility	*	
] [Verification and Determination Procedure	-	
				for Clients this Project		
÷. *	,			Serves:		
				to this application a copy of		10 to 10 to
		•		your program in-take form.)		
(4.2) Does Your Agency /	In Non-home-based office sp	pace ess phone line or answering				fference with other funds
Division in Charge of the	service	ess pitorie line di answentig		(4.7) Should CDBG Funds	available to the	
Project CDBG Funding is Requested for have:	■ Designated project manaç ■ Full-time secretarial/cleric			Granted be Less than Requested, Choose One		ect out and do only a portion this ling not guaranteed)
(Check all that apply)	Certified financial/account	ing person on staff		as Your Preference:	□ Withdraw appli	cation and cancel the project
	■ Certified procurement/pure Computerized system for				□ Withdraw appli project	cation but proceed with the
	accounting (such as Quid					we can do with that amount
	Microsoft Excel) Computerized client inform	nation system		(4.8) Minimum Amount of	(4.8.1) Amount	(4.8.2) Why
	Secured client records fills			CDBG Funds Needed to		Economy of scale relative to
	confidentiality) Designated independent f	inancial audit service		Make This Project Work:	\$230,000	total project costs to
	-Annual financial audit or fi	nancial reporting			☐ Before end of 2	completion
	Written policies and proce and financial manageme	dures for niring, personnel nt, addressing employee or		(4.9) Project Schedule -	₩ Within first hali	f of 2020
	client complaints, etc. Longer than 2 years exper			Your Agency Plans to Start Project	☐ Within second ☐ Totally depend	half of 2020 ing on when other funding
. •	carrying out a similar proj	ect within this agency		Construction:	becomes availa	able
	funded with Federal gran entity other than the City	t from another government			☐ Not sure for ot	
	■ Meet HUD's requirements	(will be verified by the City)		Notes:		1
(4.3) To the Best of Your Knowledge, Select One	□ Not sure and would need that determination .	City's assessment to make			Will	be revise
that Best Describes Your	□ Do not meet HUD's requir				(CILA
Current Systems and Your Plan to Address	all necessary changes or compliance	add capacity for			(py	rolli,
	☐ Do not and will not be able	e to meet HUD's			را	9
3.	requirements due to				0	0115801
	 Have reviewed HUD's req understand them and nee 				Des 1	be revised LSHA, evised xtpape
<u> </u>	anderstand (Helli alio Hel	su iuriisi explanation			inne	x) pak
When a property, facility or p					· · · · · · · · · · · · · · · · · · ·	· ·
financing, it will be considere result of collection of user fe						
by the City must be reported	and returned to the City as C		劉			
(4.4) if CDBG-funded, the	■ Used without user fees □ Leased/subleased to other	r agendine reculting in a				
Property, Facility or Product will be:	lease income	agondes resulting in a			4	
(Check all that apply)	□ Will be sold when no longe	er needed	激			
	☐ Will be donated for a publi	c purpose		1		
				•.		
			4.5			

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 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. Itstory 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.budexcbsnge.info/resource/687/playing-by-the-rules-a-bandbook-for-odbg-subrecipients-gn-administrative-avatemes) The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.

(4.1) List all Members of	Name :	Telephone	Acta (4.5) Displacement of	į į	
Your Current Board of Directors:	Emmel Rierson, Jr.	816-517-8140	Persons ?) _ v	
en écosa.	Barbara Henson	816-805-9199	(It is the City's policy that no	i No	•
•	Kathy Kelsey	816-721-7047	due to a CDBG-funded	/ U NOL Suite	
	Tameka Bryant	816-922-0985	activity.)	기.	
	······································	818-524-5257	(4.8) Describe your	None HID & CO	OBG Requirements
•	Syrtiller Kabat	0 10-024-020/	Agency's In-take and		one Kedniisiiieiie
		<u> </u>	Client Eligibility Verification and		•
			Determination Procedure	•	
•	,	<u>'</u>	for Clients this Project		
	* i	·	(It is required that you attach		,
			to this application a copy of	r	•
			your program in-take form.)	1	
4.2) Does Your Agency /	☐ Non-home-based office s				
ivision in Charge of the	service	ness phone line of answering	(4.7) Should COBG Funds	available to the	fference with other funds
Project CDBG Funding Is Requested for have:	Dasignated project mana Trail if a project mana		Granted be Less than Requested, Choose One	Prilate die biole	ect out and do only a portion
(Check all that apply)	€ Full-time secretariaVoleria Certified financial/account		as Your Preference:	Aoo lining tour	ing not guaranteed) cation and cancel the project
·.	R Certified procurement/pu	rchasing person		O Withdraw appli	cation but proceed with the
	 Computerized system for accounting (such as Qu 	financial management and inickBooks. Peachtree		project	we can do with that amount
	. Microsoft Excel)			ia (la) Amount	(4.8.2) Why
	■ Computerized client infor ✓ Secured client records fil		(4.8) Minimum Amount of CDBG Funds Needed to		1:
	confidentiality)		Make This Project Work:		Economy of scale relative total project costs to
	■ Designated independent ■ Annual financial audit or it		A CONTROL OF THE CONT	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	completion
•	■ Written policies and proc	edures for hiring, personnel	(4.9) Project Schedule -	© Before end of 2	
	and financial manageme client comptaints, etc.	ent, addressing employee or	Your Agency Plans to		
	■ Longer than 2 years expe		Start Project Construction:	 Totally depending 	ing on when other funding
	carrying out a similar pro	ect within this agency of from ariother government		 becomes availage O Not sure for other 	
. '	entity other than the City	of Lee's Summit	Notes:		
1.3) To the Best of Your		(will be verified by the City) City's assessment to make	NOTES:]	
(nowledge, Select One	that determination -	City 2 999620000011 to Illake]	
It Best Describes Your Corrent Systems and	□ Do not meet HUD's requi all necessary changes o		725		
Your Plan to Address	compliance	. sau capacity ioi		· .	
, Compliance Issues:	O Do not and will not be abl	e to meet HUD's	546		
. ",	requirements due to	·		· .	• •
•	☐ Have reviewed HUD's red				• •
	understand them and ne	ed further explanation ,			
	roduct is acquired, built or in				
ancing, it will be considere	d a public property/facility. A	ny income generated as a s time period as determined		-	
	es or sale of property within a and returned to the City as t				
4) If CDBG-funded, the	■ Used without user fees	- · ·		المما	
Property, Facility or	□ Leased/sublessed to othe	r agencies resulting in a	P F	evised 2/21/	
Product will be: (Check all that apply)	· lease income			الماما	.0
	□ Wilf be sold when no long	l:		2121	17
·	O-Will be donated for a public	c purpose .		•	•
			e# /61		

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.



Office: 816-525-9833 Fax: 816-524-9005 www.tom-arch.com

Duncan Estates

Demolition – Remove toilets, vanity and sinks, tubes, flooring and wall base in all 50 units. Approximately half of the units already have new toilets to remain. Prepare bathroom for new sinks, vanities, tubs, toilets, fixtures, grab bars, flooring, wall tile, and paint.

New Work – Install new water saving plumbing, low-flush handicap toilet, vanity and sink, grab bars, tube and surrounds, flooring, VCT and paint in all units.

Summary

Lee Haven

Remove toilets, vanity and sinks, tubes, flooring and wall base in the 8 two bedroom units. Remove all bi-fold doors in all 50 units. Install new water saving plumbing, low-flush handicap toilet, vanity and sink, grab bars, tube and surrounds, flooring, VCT and paint in all units. Install new bi-fold doors and hardware in all units.

Duncan Estates

Remove toilets, vanity and sinks, tubes, flooring and wall base in all units. Install new water saving plumbing, low-flush handicap toilet, vanity and sink, grab bars, tube and surrounds, flooring, VCT and paint in all units.

Attachments

- Cost Estimate



LEE'S SUMMIT HOUSING AUTHORITY

Bathroom Improvements at Duncan Estates Tompkins Architects 95% CD Estimate 06/15/2017

DESCRIPTION		TC	TAL
01000 GENERAL CONDITIONS	· ·		52,949
02060 DEMOLITION	. 2		43,524
06200 FINISH CARPENTRY			16,500
07920 JOINT SEALANTS		(V)	-
08110 DOOR & FRAMES			-
08211 FLUSH WOOD DOORS		Statute Control of the -	
08710 DOOR HARDWARE			-
09255 GYPSUM SYSTEMS		,	18,962
09651 RESILIENT TILE FLOORING			10,020
09653 RESILIENT WALL BASE AND ACCESSORIES			2,685
09900 PAINTING			24,112
10801 TOLIET AND BATH ACCESSORIES			37,620
22000 PLUMBING			241,858
23000 HVAC			21,450
26000 ELECTRICAL			24,510
subtotal			494,189
Contractor's Fee	8%		39,535
subtotal			533,724
Design/Estimate Contingency	2.5%		13,343
subtotal			547,067
Escalation to Mid-Point - 08/29/2017	0.6%		3,372
TOTAL	. And property and a		550,440

LEE'S SUMMIT HOUSING AUTHORITY- Bathroom Improvements at Duncan Estates 95% CD Estimate 06/15/17

95% CD Es	timate 0	man premiera e primera e premiera de p	g ggygotytesaA/	042237-3 x-9x0536242	namental al minimo escenti	Caracant from the	PROPERTY OF THE PROPERTY OF TH
DESCRIPTION	::	QUANTITY	Nection (Control	:: U	NIT\$:	TOTAL
02060 DEMOLITION							
Demo Tub and Fixtures	::		EΑ	$\Pi_{i,j} = 0$	125.00	:	8,250
Demo Wall Mounted Lavatory		66	EA _.	:: .	50.00	:	3,300
Demo Water Closet	:: <u>,</u>	. 66		::	50.00	:	3,300
Cap Plumbing Lines	::	198	EΑ	::	10.00	11	1,980
Demo Wall Base	. ::	1,193	LF	::	. 0.75	:	895
Demo Flooring	::	2,790	SF	::	1.00	:	2,790
Demo Exhaust Fan	::	66		::	45.00	:	2,970
Demo Medicine Cabinet	::	66	EΑ		25.00	:	1,650
Termporary Protection	::	66	ΕÁ		200.00	:	13,200
Haul Off	;;	104	CY ·	::	50.00	:	5,189
		·					
							43,524
06200 FINISH CARPENTRY		*. · · · · · · · · · · · · · · · · · · ·	•				
Vanity		66	EΑ	::	250.00	:	16,500
- same						•	
					-	-	16,500
							, 0,000
07920 JOINT SEALANTS	,	garage and a					
N/A							
IN/A							_
		1.0					
		1					- '
and a DOOD a EDAMES							-
08110 DOOR & FRAMES							
N/A	::			::		:	
							- .
annia Filipianan nanna		× .					
08211 FLUSH WOOD DOORS		•					
N/A	::			::		:	- .
					•		
							-
08710 DOOR HARDWARE					•		
N/A	::			::		:	-
		•					
			_				-
				•			•
09255 GYPSUM SYSTEMS		* -	٠,	* -			
Repair Wall Damage as Occurs	::	16,483			0.75	:	_ 12,362
Misc Gyp	::	66	EΑ	н,	100,00	2	6,600
				-			18,962
09651 RESILIENT TILE FLOORING		•,	1 *				
Metal Transition Strip		66	EΑ	::	25.00	:	1,650
12"x12" VCT		2,790	SF -	::	3.00	:	8,370
		•					
							10,020
							•
09653 RESILIENT WALL BASE AND ACCESSORIES							
Rubber Base	::	1,193	LF	:	2.25	:	2,685
		.,	-				_, _
					•		2,685
							_,

LEE'S SUMMIT HOUSING AUTHORITY- Bathroom Improvements at Duncan Estates 95% CD Estimate 06/15/17

DESCRIPTION		QUANTITY		UNIT \$: TC)TAL
		all for an annual as a sea and an all little deployer delegately december to		and the state of a substitute factor of the state of the substitute factor of the substitute fac		-
09900 PAINTING						
Patch and Paint Walls	::	12,056	SF ::	2.00	:	24,112
		•				24,112
10801 TOLIET AND BATH ACCESSORIES					-	
18" Towel Rack		. 66	EÁ ::	75.00	:	4,950
16"x30"x4" ADA Surface Mounted Medicine Cabinet	. ::	66		135.00	:	8,910
Toilet Paper Dispenser	::	66		35.00		2,310
Grab Bars @ Shower (1 Each Wall)		198	EA ::	75.00		14,850
Shower Curtain/ Rod	::	66	EA ::	100.00	:	6,600
ADA Removable Shower Stool	::	. 66	EA ::		: •1	/IC
		• ,				37,620
					-	07,020
22000 PLUMBING			. *			
ADA Water Closet	::	. 66	EA ::	1,250.00	:	82,500
Lavatory	:: ~	66	EA ::	1,000.00	:	66,000
Shower Head and Wand	::	66	EA ::	850.00	:	56,100
Shower Wall	::	4,427	SF ::	5.00	:	22,133
Tub	::	5	EA ::	1,500.00	: .	7,500
Shower Base	, ::	61	EA ::	125.00	.:	7,625
						241,858
23000 HVAC					•	
Exhaust Fan - 70CFM	::	66	EA ::	325.00	:	21,450
						21,450
		•				,
26000 ELECTRICAL		•				
23" x 4" LED 17w	::	66	EA ::	300.00	:	19,800
Modify Ceiling Fan/Light Circuit (Switch Separately)	::	66	EA ::	60.00	:	3,960
GFCI Outlet	::	5	EA ::	150.00	:	750
				•		24,510
				1 to 1 to 1		,0 . 0



Community Development Block Grant Program APPLICATION FORM FOR CITY PROGRAMS (Ongoing City Programs Only)

PROGRAM YEAR 2019-2020

RECEIVED

JAN 1 4 2019

SECTION I --- Program

Development Services

Program Name: Minor Home Repair Program	Operating Department: <u>Development Services / Plantage</u>	anning						
CDBG Request Amount: <u>\$ 140,000</u>	Program Funding Source (s): CDBG Only ☐ CDBG	and Others						
Program Is: Multi-year On-going	☐ New and One-time Program							
Completion Date: ☐ End of Program Year	☐ On-going Until Funds are Exhausted							
SECTION II Pr	ogram Description and Eligibility Information							
Program Description: The emphasis of the pro	ogram is on neighborhood conservation. Low to mo	derate income,						
single- family, owner- occupied households w	ill be eligible for minor exterior repairs, minor repai	rs to private						
sanitary sewer improvements. These repairs a	and improvements will increase property value, sens	se of community						
and neighborhood pride.								
Beneficiaries: 🗆 N/A 📕 LMI Households	□ LMI Area							
Projected Needs: +/- 14	Minimum CDBG Grant Required:							
Should Grant Be Less Than Requested:	☐ Will Not Work	Vill Not Work Will Result in Less Benefit □ No/Little Impact						
Jobbles	Community Standards Officer	1/11/2019						
Signature – Person Completing the Applicatio		Date						
	PIRECTOR OF DEVELOPMENT	1-14-14						
Signature – Person Authorizing the Application		Date						