



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR CITY PROGRAMS (Ongoing City Programs Only) PROGRAM YEAR 2019-2020

RECEIVED FEB 06 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 [x] CDBG and Others Program Is: [x] Multi-year On-going [ ] New and One-time Program Completion Date: [ ] End of Program Year [x] On-going Until Funds are Exhausted

SECTION II --- Program Description and Eligibility Information

Program Description: Grantee cost of administration of the block grant program, including staff time, advertising, legal document recording and other miscellaneous expenses associated with the administration of the program.

Beneficiaries: [x] 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 [x] No/Little Impact

Signature - Person Completing the Application Assist. Dir. of Planning 2-6-2019 Signature - Person Authorizing the Application Assist. Dir. of Planning 2-6-2019

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**LEE'S SUMMIT**  
MISSOURI

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

Development Services  
RECEIVED  
FEB 07 2019

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:	Lee's Summit Housing Authority	(1.17) Program/Project Title:	Development Specialist
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> Political Subdivision No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	111 SE Grand Avenue Lee's Summit, MO 64063
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	111 SE Grand Avenue	(1.20) Status: (Check one)	<input type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input checked="" type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.21) The Plan for 2019-20 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	781244835	(1.22) Total Estimated Cost:	59,750.00
(1.7) Total Organization Annual Budget in FY2018-19 FY2018-19:	\$5,446,790.00	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 500</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)0</li> <li>X Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 0 clients.</li> </ul>
(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)	\$5,743,908.00	(1.24) Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input checked="" type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	Darrin J. Taylor	(1.25) CDBG Funding Request for 2019-20: (Please round to the nearest dollar)	\$39,750.00
(1.10) Telephone/Fax:	T:8165241100 F:8165241878	(1.26) In 2019, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input checked="" type="checkbox"/> With CDBG as a primary funding source <input type="checkbox"/> With CDBG as a secondary funding source
(1.11) Email Address:	darrin.taylor@leessummithousingauthority.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(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		
(1.14) Program Administrator/ Key Contact Person:	Darrin J. Taylor		
(1.15)	T: SAME F: SAME		

Telephone/Fax:	
(1.16) Email Address:	SAME
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:  (150 words or less)	<p>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 than 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 <b>NEED FOR MORE AFFORDABLE HOUSING IN LEE'S SUMMIT – Consolidated Plan 2015-2019.</b></p> <p>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 entities critical to promoting affordable housing development activities.</p>



**SECTION II --- Program Description and Eligibility Information**

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description: <i>(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.)</i></p>	<p>Harvard's Joint Center for Housing Studies released its State of the Nation's Housing 2017 report there was good news. But for low-income renters, even the good news wasn't that great. Just over 70 percent of the country's lowest-income households face severe housing cost burdens, defined as those working full-time and year-round at the federal minimum wage. More than 11 million U.S. renters have incomes below the federal poverty threshold. In some metros, finding affordable housing truly seems like a city-wide lottery. Federal assistance, a core part of any comprehensive strategy to address the problem, simply hasn't kept up. Due to the Budget Control Act of 2011, which limits the non-defense discretionary portion of the budget, federal housing assistance programs have taken a \$44 billion cut.</p> <p>A total 25.5% of the 33,222 households in Lee's Summit are low to moderate income, and 13% of all households in the City spend more than 50 percent of their gross income on rent/mortgage and utilities, which is considered a burden. Housing cost burden is particularly serious for the extremely low income segment of the households because approximately 69% of these households spend more than 50% of their gross income on housing. The data suggests that there is a need for more affordable housing in Lee's Summit. -- Consolidated Plan 2015-2019</p> <p><b>Need: Affordable Housing Development</b></p>	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input type="checkbox"/> 1 (Highest)</p> <p><input checked="" type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
		<p>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2018 will be Different: <i>(More details needed next page)</i></p>	
		<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input checked="" type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
		<p>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</p>	<p>In Lee's Summit, 47 percent of renters pay more than 30 percent of their income on housing, which is considered a threshold for high housing cost hardship. Those earning the lowest incomes face the greatest burden with 95 percent of those renter households making less than \$20,000 paying more than 30 percent. Households making \$20,000 to \$34,999 also face high housing cost burden with 80 percent paying more than 30 percent.</p> <p>The current focus of Lee's Summit should be on ensuring that the City does not exacerbate these problems by addressing the community's most urgent housing needs. Additional affordable housing is needed in the growth areas of the city so as to provide affordable options throughout the community rather than continue the pattern of concentrating the poor</p>
		<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Additional affordable housing units are needed to serve the very large population of low-income renter households who cannot afford the high and rising cost of rent in Lee's Summit.</p> <p><b>Develop 300-500 Affordable Housing Units</b></p>

**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**

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries	1	\$59,750.00	\$20,000.00	\$0	\$39,750	\$0	0	\$0	0	\$0
Fringe Benefits	1	\$INCLUDED	\$	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		\$59,750.00	\$20,000.00	\$	\$39,750.00	\$0		\$0		\$0
<i>Notes</i>										

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

**FY 2018-2019 Actual and Projected Expenses<sup>1</sup> by Funding Sources**

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(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)
\$	\$	\$	\$	\$	\$	\$	\$
<i>Notes</i>							

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\***

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(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	
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.

<p>(4.1) List Key Members of Your Current Board of Directors:</p>	<p>(4.1.1) Name</p>	<p>(4.1.2) Telephone</p>	<p>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure: <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Meets HUD &amp; CDBG Requirements</p>		
	Emmet Pierson	816-517-8140		<p>(4.6) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>		
	Barbara Henson	816-805-8199				
	Kathy Kelsey	816-721-7047				
	Tameka Bryant	816-922-0985				
	Syüller Kabał	816-524-5257				
<p>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)</p> <p><input type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input checked="" type="checkbox"/> Full-time secretarial/clerical person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input checked="" type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>			<p>(4.6.1) Amount</p> <p>\$20,000</p>		<p>(4.6.2) Why</p> <p>LSHA unable to fund full position amount.</p>	
<p>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p> <p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>			<p>(4.8) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>			
<p>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</p> <p><input type="checkbox"/> No fee for participating in this program</p>			<p>(4.7.1) Fee Type</p> <p>N/A</p>	<p>(4.7.2) Amount</p>		
<p>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>			<p>(4.8.1) Unit Type</p> <p>Salary</p> <p>Benefits</p> <p>Notes</p> <p>Benefits Include, FICA, Health, Retirement, etc.</p>	<p>(4.8.2) Rate Per Unit</p> <p>\$19.00 pr hr</p> <p>\$9.60 pr hr</p>		
<p>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p>			<p><input type="checkbox"/> All expended before the end of 2019</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>			



REVISED 2/21/19



**LEE'S SUMMIT**  
MISSOURI

RECEIVED

FEB 06 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:	Coldwater of Lee's Summit	(1.17) Program/Project Title:	BackSnacks/Weekend Food Packs
(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: <i>(Check one)</i>	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(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, 209 NW Ward Rd, LS, MO 64063 Woodland Elementary, 12709 Smart Rd., LS, MO 64086 Cedar Creek Elementary, 2600 SW 3 <sup>rd</sup> 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 Summit Ridge Academy, 2620 SW Ward Road, LS, MO 64082
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	501 NE Missouri Road	(1.20) Status: <i>(Check one)</i>	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.5) City/State/Zip:	Lee's Summit, MO 64086	(1.21) The Plan for 2019-20 is: <i>(Check one)</i>	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	035407579	(1.22) Total Estimated Cost:	\$64,500
(1.7) Total Organization Annual Budget in FY2018-19	\$210,550	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 258.</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)250.</li> <li>Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 226 clients.</li> </ul>
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	<i>(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)</i> \$5,500	(1.24) Client Eligibility by CDBG Definition: <i>(Check one)</i>	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	Monica Humbard	(1.25) CDBG Funding Request for 2019-20: <i>(Please round to the nearest dollar)</i>	\$8,000
(1.10) Telephone/Fax:	T:816-786-0758	(1.26) In 2019, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
(1.11) Email Address:	director@coldwater.me	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Weekend food packs for 32 students during the school year
(1.13) Total Annual Federal Grants in FY2018-19:	\$5,500		
(1.14) Program Administrator/ Key Contact Person:	Monica Humbard		
(1.15) Telephone/Fax:	T: 816-786-0758		
(1.16) Email Address:	director@coldwater.me		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:  (150 words or less)	Coldwater partners with Harvesters to provide up to 178 weekend food packs through the Harvesters BackSnack program and purchases product to pack an additional up to 80 weekend food packs for chronically hungry preschool, elementary, middle school, and high school students in the Lee's Summit School District. Research has shown that children who receive weekend food packs perform better academically and behaviorally in school and have fewer absences and tardies. The weekend food packs also provide consistent weekend nutritional meals benefitting the child's overall health.		



## SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description: <i>(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.)</i></p>	<p>Low wages, costly health problems, mental health 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.</p> <p>Harvesters has identified more than 600 children in 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.</p> <p>Coldwater, in partnership with Harvesters, has provided weekend backpacks of food to elementary children for 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 groups from DPI) deliver them to the school counselors for distribution.</p> <p>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).</p>	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
<p>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different: <i>(More details needed next page)</i></p>	<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p>Funding has been and will continue to be received from grants, businesses, churches, civic groups, organizations and individuals.</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input checked="" type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</p>	<p>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.</p> <p>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 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.</p>	<p>Currently, we measure outcomes based on the criteria established by CDBG.</p> <p>Harvesters provides information on the evaluation and outcomes of their BackSnack program. We also rely on feedback from counselors, teachers and principals at the schools we serve.</p>



### 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

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition	1	\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
<i>Notes</i>										

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

#### FY 2018-2019 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(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	\$44,500	\$6,300	\$5,000	\$5,500	\$	\$	\$27,700
<i>Notes</i>							

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\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(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	
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.

<b>(4.1) List Key Members of Your Current Board of Directors:</b>	<b>(4.1.1) Name</b> Carly Bade Stacey Brodersen Vicki Bullard Diana Carollo Shelley Cole Jennifer Collier Jan Durbin Jesse McDaniel Corey McDonald Kevin Shipley Sandy Thompson	<b>(4.1.2) Telephone</b> 816-716-4295 816-835-4605 816-820-1564 816-651-8012 816-210-8005 816-803-6199 816-525-9736 816-896-8711 816-777-8850 816-365-7783 816-520-3427	<b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>	The principals and counselors at each school have worked together with the district to determine the following criteria in selecting the students: 1. Received free or reduced school meals. 2. Observed need, crisis situation or in need of financial assistance with school activities. 3. Referral from parent. 4. Referral from teacher, administrator or SAP.  The school district has strict policies to determine eligibility for students to receive free or reduced lunches.						
	<b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> <i>(Check all that apply)</i>			<b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b>	<input type="checkbox"/> Withdraw application for funding this year <input checked="" type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount					
	X Non-home-based office space X 24-hour designated business phone line or answering service X Full-time program manager/administrator <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) X Computerized client information system X Secured client records filing system (for client confidentiality) X Designated independent financial audit service X Annual financial audit or financial reporting <input type="checkbox"/> 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				<b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b>	<b>(4.6.1) Amount</b> \$5,500	<b>(4.6.2) Why</b> To maintain current number of students			
	<b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b>					<b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b>	<b>(4.7.1) Fee Type</b>	<b>(4.7.2) Amount</b>		
	X Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____ _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation						X No fee for participating in this program			
							<b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b>	<b>(4.8.1) Unit Type</b> NA	<b>(4.8.2) Rate Per Unit</b> \$NA	
								Notes:		
								<b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b>	X All expended before the end of 2019 <input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended	





**LEE'S SUMMIT**  
MISSOURI

RECEIVED

FEB 08 2019

Development Services

**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, 64083-

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

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input checked="" type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description: <i>(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.)</i></p>	<p>Research continues to show that domestic violence in the home can have devastating effects on children. Children who are abused or who witness abuse are at risk for post-traumatic stress, depression, anxiety, and other mental health disorders.</p> <p>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 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. During these group sessions, the therapists help children to understand the violence was not their fault, express their emotions in a healthy manner, and learn to safety plan. Family therapy helps non-offending parents and their children understand and cope with the effects of domestic violence in the home, addresses appropriate parent/child roles, and facilitates communication. (Hope House does not offer family therapy with the abusive individual.) Group sessions are also held in summer months for junior and senior high school students. Therapists also coordinate services 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.</p>	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
		<p>(2.7) If Continuing Program, Describe Briefly How It has been Funded in Recent Years and How Funding in 2019 will be Different: <i>(More details needed next page)</i></p>	<p>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.</p>
		<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input checked="" type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
		<p>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service Is not Available:</p>	<p>Although Hope House has secured public funds for the majority of program expenses, the remaining gap in funding will need to be secured in order to ensure program services continue without interruption.</p>
		<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Children's Therapy Program outcomes for 2019 include: children will (1) improve their knowledge and/or ability to plan for their safety, (2) make progress toward group goals and objectives, (3) make progress toward treatment goals, and (4) reduce their trauma related symptoms. Outcome 1 is evaluated by the therapist's observation of the child's ability to verbalize a safety plan, outcome 2 is evaluated by the child's progress towards goals set with the therapist, outcome 3 is evaluated by the therapist's observation that the child demonstrated and/or verbalized an understanding of the group topic, and outcome 4 is evaluated by administering the Child Report of Post-traumatic Symptoms (CROPS) at the initial and last session. A positive outcome is a decrease between pre- and post-CROPS test scores.</p>

**SECTION III --- Program Budget**

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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

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
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
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
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
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$200.00	\$0	\$0	\$0	\$0		\$200.00	Applied	\$0
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$200.00	\$0	\$0	\$0	\$0		\$200.00	Applied	\$0
<b>(3.1.5) OPERATING EXPENSES</b>										
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
<b>(3.1.6) OTHERS</b>										
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
<b>(3.10) TOTALS</b>		<b>\$296,800.00</b>	<b>\$0</b>	<b>\$86,300.00</b>	<b>\$20,000.00</b>	<b>\$126,100.00</b>		<b>\$32,800.00</b>		<b>\$31,600.00</b>
Notes										

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

### FY 2018-2019 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(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							

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\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(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	
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

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.

<b>(4.1) List Key Members of Your Current Board of Directors:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">(4.1.1) Name</th> <th style="width: 70%;">(4.1.2) Telephone</th> </tr> <tr><td>Michael Moore</td><td>816-945-5648</td></tr> <tr><td>Angela Ross Presnell</td><td>913-789-5025</td></tr> <tr><td>Carol Macken</td><td>816-556-2809</td></tr> <tr><td>Brian Herrmann</td><td>816-792-1812</td></tr> <tr><td>Monica Alderson</td><td>816-545-6031</td></tr> <tr><td>Julie Ross</td><td>913-664-0764</td></tr> <tr><td>Whitney Bartelli</td><td>816-298-2203</td></tr> <tr><td>Samuel Dean</td><td>816-218-1039</td></tr> <tr><td>Amy Doll</td><td>913-905-8315</td></tr> <tr><td>Michael Cline</td><td>816-983-1802</td></tr> <tr><td>LaToya Garcia</td><td>816-729-2235</td></tr> <tr><td>Neil Getzlow</td><td>913-940-2960</td></tr> <tr><td>Tina Johnson</td><td>816-287-1528</td></tr> <tr><td>Doug King</td><td>816-843-6707</td></tr> <tr><td>Abby Mocek</td><td>913-234-6606</td></tr> <tr><td>Lee Moore</td><td>816-426-8178</td></tr> <tr><td>Katie Sangha</td><td>816-572-4517</td></tr> <tr><td>Douglas Schmitt</td><td>816-218-1730</td></tr> <tr><td>Tara Steiner</td><td>816-751-1800</td></tr> <tr><td>Carolyn Walters</td><td>816-257-3209</td></tr> <tr><td>Janelle Williams</td><td>913-982-5750</td></tr> </table>	(4.1.1) Name	(4.1.2) Telephone	Michael Moore	816-945-5648	Angela Ross Presnell	913-789-5025	Carol Macken	816-556-2809	Brian Herrmann	816-792-1812	Monica Alderson	816-545-6031	Julie Ross	913-664-0764	Whitney Bartelli	816-298-2203	Samuel Dean	816-218-1039	Amy Doll	913-905-8315	Michael Cline	816-983-1802	LaToya Garcia	816-729-2235	Neil Getzlow	913-940-2960	Tina Johnson	816-287-1528	Doug King	816-843-6707	Abby Mocek	913-234-6606	Lee Moore	816-426-8178	Katie Sangha	816-572-4517	Douglas Schmitt	816-218-1730	Tara Steiner	816-751-1800	Carolyn Walters	816-257-3209	Janelle Williams	913-982-5750	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p> <p>Children's Therapy Program participants are referred from the Shelter and Outreach Programs. Primary admission criteria include current or past domestic violence in the family. The Child and Family therapists connect with each adult residing in shelter with children to explain the program and offer services. During the first session, a family intake is completed with the parent/guardian requesting individual therapy for their child and consent for services for their child is signed. The presenting problem is discussed and the treatment participation plan is then completed with the parent and/or the child depending on the age and verbal skills of the child. A treatment plan outlining specific goals is then completed by the therapist, in consultation with the parent/guardian, and signed by the therapist and the parent/guardian</p>
(4.1.1) Name	(4.1.2) Telephone																																													
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Janelle Williams	913-982-5750																																													
<b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)</b>	<p><input checked="" type="checkbox"/> Non-home-based office space  <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service  <input checked="" type="checkbox"/> Full-time program manager/administrator  <input checked="" type="checkbox"/> Full-time secretarial/clerical person  <input type="checkbox"/> Certified financial/accounting person on staff  <input type="checkbox"/> Certified procurement/purchasing person  <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)  <input checked="" type="checkbox"/> Computerized client information system  <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)  <input checked="" type="checkbox"/> Designated independent financial audit service  <input checked="" type="checkbox"/> Annual financial audit or financial reporting  <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.  <input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p> <p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)  <input type="checkbox"/> Not sure and would need City's assessment to make that determination  <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance  <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____  <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>																																													
<b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p> <p>Children's Therapy Program participants are referred from the Shelter and Outreach Programs. Primary admission criteria include current or past domestic violence in the family. The Child and Family therapists connect with each adult residing in shelter with children to explain the program and offer services. During the first session, a family intake is completed with the parent/guardian requesting individual therapy for their child and consent for services for their child is signed. The presenting problem is discussed and the treatment participation plan is then completed with the parent and/or the child depending on the age and verbal skills of the child. A treatment plan outlining specific goals is then completed by the therapist, in consultation with the parent/guardian, and signed by the therapist and the parent/guardian</p>																																													
<b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>	<p><b>(4.5) Should CDBG Funds be Granted be Less than Requested, Choose One as Your Preference:</b></p> <p><input type="checkbox"/> Withdraw application for funding this year  <input type="checkbox"/> Scale down the program resulting in less clients served  <input type="checkbox"/> Make changes to the program without reducing the number of clients served  <input checked="" type="checkbox"/> Make up the differences with other funds available to my agency  <input type="checkbox"/> No sure what we can do with that amount</p>																																													
<b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b>	<p><b>(4.6.1) Amount</b></p> <p>Any amount available</p>	<p><b>(4.6.2) Why</b></p> <p>Hope House welcomes any funding amount offered in order to maintain the highest quality care for clients.</p>																																												
<b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b>	<p><b>(4.7.1) Fee Type</b></p> <p style="text-align: center;">NA</p>	<p><b>(4.7.2) Amount</b></p> <p style="text-align: center;">\$0</p>																																												
<b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b>	<p><b>(4.8.1) Unit Type</b></p> <p>Unit of Children's Therapy</p>	<p><b>(4.8.2) Rate Per Unit</b></p> <p style="text-align: center;">\$96.77</p>																																												
<b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b>	<p><input type="checkbox"/> All expended before the end of 2019  <input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter  <input checked="" type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service  <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>																																													

## SECTION V Certifications



**LEE'S SUMMIT  
MISSOURI**

RECEIVED  
FEB 08 2019  
Development Services

**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 <i>(with active 501(c) status)?</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: <i>(Check one)</i>	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	Lee's Summit Parks and Recreation, schools and other public facilities
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	1555 NE Rice Road	(1.20) Status: <i>(Check one)</i>	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.5) City/State/Zip:	Lee's Summit, MO 64086	(1.21) The Plan for 2019-20 is: <i>(Check one)</i>	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	044123800	(1.22) Total Estimated Cost:	\$36,719
(1.7) Total Organization Annual Budget in FY2018-19 FY2018-19:	\$48,442,338	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 265 adults (parents), 515 children, and provide 70-80 scholarships.</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____</li> <li>X Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 757 clients, providing 15-20 fewer scholarships.</li> </ul>
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	<i>(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)</i> \$1,524,455	(1.24) Client Eligibility by CDBG Definition: <i>(Check one)</i>	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	Jennifer Craig	(1.25) CDBG Funding Request for 2019-20: <i>(Please round to the nearest dollar)</i>	\$1,170
(1.10) Telephone/Fax:	T:816-347-3245 F:816-347-3200	(1.26) In 2019, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
(1.11) Email Address:	jcraig@rediscovermh.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(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.
(1.13) Total Annual Federal Grants in FY2018-19:	\$1,524,455		
(1.14) Program Administrator/ Key Contact Person:	Gina Piccinini		
(1.15) Telephone/Fax:	T:816-347-3019		
(1.16) Email Address:	gpiccinini@rediscovermh.org		
(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, <i>Parenting with Love and Logic</i> , 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. <i>Love</i> allows children to grow through their mistakes. <i>Logic</i> allows children to live with the consequences of their choices. <i>Love and Logic</i> 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 Eligibility Information

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

<p><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p><b>(2.4) Program Objectives:</b> <i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p><b>(2.5) Program Outcomes:</b> <i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p><b>(2.2) Detailed Program Description:</b> <i>(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.)</i></p>	<p>The target population includes parents of at-risk Lee's Summit children and adolescents. The project, Parenting with <i>Love and Logic</i>, includes five weeks of classes offered at various Lee's Summit locations. <i>Love and Logic</i> is a nationally-recognized best practice using certified instructors to assist parents in becoming more empowered and more skilled in their interactions with their children. <i>Love</i> allows children to grow through their mistakes. <i>Logic</i> allows children to live with the consequences of their choices. <i>Love and Logic</i> is a proven method for putting parents in control and preparing children to accept their choices and consequences.</p> <p>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.</p> <p>The target population includes 265 parents and 515 children. Of the 70-80 scholarships provided each year, CDBG funding supports 15-20 of those scholarships.</p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>	<p><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b> <i>(More details needed next page)</i></p> <ul style="list-style-type: none"> <li>▪ United Way</li> <li>▪ Private Donors</li> </ul>
<p><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b> <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input type="checkbox"/> 1 (Highest)</p> <p><input checked="" type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></p> <p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input checked="" type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>	<p><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p> <p>As adults face the economic and emotional 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 behaviors that are detrimental to the family, schools and the community.</p>
		<p><b>(2.10) Describe How Outcomes are Measured:</b> <i>(System and methods have been/will be used.)</i></p>	<p>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.</p>



### 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

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$30,599	\$	\$	\$1,017	\$		\$		\$29,582
Fringe Benefits		\$6,120	\$	\$	\$153	\$		\$		\$5,967
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		\$36,719	\$	\$	\$1,170	\$		\$		\$35,549
<i>Notes</i>										

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

#### FY 2018-2019 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(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
<i>Notes</i>							

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\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(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	
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.



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

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

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

<p><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p> <p>Manuel (Manny) Abarca IV David Bower Jennifer Craig Timothy Duncan Edward Gaffney Orlando Gutierrez Leonard Jones Sandy Kessinger Rob Robinson Kathy Ross Catherine Singleton Stephanie Spears David Stackelhouse Erika Kauffman Wheeler</p>	<p><b>(4.1.2) Telephone</b></p> <p>(816) 842-4545 (816) 329-4276 (816) 347-3245 (913) 378-9146 (608) 665-5305 (816) 729-9591 (816) 316-4802 (913) 234-2327 (816) 760-8310 (913) 669-4923 (913) 647-6455 (913) 895-4154 (816) 478-0385 (816) 305-6271</p>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b></p> <p><i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>A parent can be referred to the program by school personnel (teacher, lunch room aide, secretary, counselor, etc.), parent, another adult (coach, classroom volunteer) or the child.</p>								
<p><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> <i>(Check all that apply)</i></p>	<ul style="list-style-type: none"> <li>× Non-home-based office space</li> <li>× 24-hour designated business phone line or answering service</li> <li>× Full-time program manager/administrator</li> <li>× Full-time secretarial/clerical person</li> <li>× Certified financial/accounting person on staff</li> <li>× Certified procurement/purchasing person</li> <li>× Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</li> <li>× Computerized client information system</li> <li>× Secured client records filing system (for client confidentiality)</li> <li>× Designated independent financial audit service</li> <li>× Annual financial audit or financial reporting</li> <li>× Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</li> <li>× 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</li> </ul>		<p><b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></p> <p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>									
<p><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></p>	<ul style="list-style-type: none"> <li>× Meet HUD's requirements (will be verified by the City)</li> <li><input type="checkbox"/> Not sure and would need City's assessment to make that determination</li> <li><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</li> <li><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____ _____</li> <li><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</li> </ul>		<p><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></p> <p><b>(4.6.1) Amount</b> \$1,170</p> <p><b>(4.6.2) Why</b> There are no other resources available to fund this basic service</p>									
			<p><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p> <table border="1"> <thead> <tr> <th>(4.7.1) Fee Type</th> <th>(4.7.2) Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td>n/a</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> No fee for participating in this program</p>	(4.7.1) Fee Type	(4.7.2) Amount		n/a					
(4.7.1) Fee Type	(4.7.2) Amount											
	n/a											
			<p><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></p> <table border="1"> <thead> <tr> <th>(4.8.1) Unit Type</th> <th>(4.8.2) Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td>Program Coordination &amp; Instruction</td> <td>\$49.42</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table> <p>Notes:</p>	(4.8.1) Unit Type	(4.8.2) Rate Per Unit	Program Coordination & Instruction	\$49.42		\$			
(4.8.1) Unit Type	(4.8.2) Rate Per Unit											
Program Coordination & Instruction	\$49.42											
	\$											
			<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p> <p><input checked="" type="checkbox"/> All expended before the end of 2019</p> <p><input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>									



**LEE'S SUMMIT  
MISSOURI**

RECEIVED

FEB 08 2019

Development Services

**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:	Case Management of High-Risk Students
(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: <i>(Check one)</i>	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(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: <i>(PO Box Not Acceptable without City's Consent)</i>	1555 NE Rice Road	(1.20) Status: <i>(Check one)</i>	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.5) City/State/Zip:	Lee's Summit, MO 64086	(1.21) The Plan for 2019-20 is: <i>(Check one)</i>	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
(1.6) Agency's DUNS #: <i>(Required. If your agency does not have one, apply for one)</i>	044123800	(1.22) Total Estimated Cost:	\$36,278
(1.7) Total Organization Annual Budget in FY2018-19 FY2018-19:	\$48,442,338	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 215 clients.</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____.</li> <li>X Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 172 clients.</li> </ul>
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	<i>(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)</i> \$1,524,455	(1.24) Client Eligibility by CDBG Definition: <i>(Check one)</i>	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	Jennifer Craig	(1.25) CDBG Funding Request for 2019-20: <i>(Please round to the nearest dollar)</i>	\$7,256
(1.10) Telephone/Fax:	T:816- 347-3245 F:816-347-3200	(1.26) In 2019, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
(1.11) Email Address:	jcraig@rediscovermh.rog	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(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).
(1.13) Total Annual Federal Grants in FY2018-19:	\$1,524,455		
(1.14) Program Administrator/ Key Contact Person:	Gina Piccinini		
(1.15) Telephone/Fax:	T:816-347-3019		
(1.16) Email Address:	gpiccinini@rediscovermh.org		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have:  (150 words or less)	<p>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.</p> <p>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.</p> <p>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.</p>		

## SECTION II -- Program Description and Eligibility Information

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

<p><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p><b>(2.4) Program Objectives:</b> <i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p><b>(2.5) Program Outcomes:</b> <i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p><b>(2.2) Detailed Program Description:</b> <i>(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.)</i></p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 school.</p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>	<p><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b> <i>(More details needed next page)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MO Dept of Mental Health</li> <li><input type="checkbox"/> MO Medicaid</li> <li><input type="checkbox"/> Private Insurance</li> <li><input type="checkbox"/> COMBAT</li> <li><input type="checkbox"/> Jackson County Community Mental Health Fund</li> <li><input type="checkbox"/> Local Foundations</li> <li><input type="checkbox"/> Private Donors</li> </ul>
<p><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b> <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></p> <p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input checked="" type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>	<p><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p> <p>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.</p>
<p><b>(2.10) Describe How Outcomes are Measured:</b> <i>(System and methods have been/will be used.)</i></p>	<p>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.</p>		



### 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

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries		\$30,231	\$	\$	\$6,046	\$		\$		\$24,185
Fringe Benefits		\$6,047	\$	\$	\$1,210	\$		\$		\$4,837
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
<b>(3.10) TOTALS</b>		\$36,278	\$	\$	\$7,256	\$		\$		\$29,022
<i>Notes</i>										

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

#### FY 2018-2019 Actual and Projected Expenses<sup>1</sup> by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(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
<i>Notes</i>							

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\*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(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	
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**

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<p><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p> <p>Manuel (Manny) Abarca IV David Bower Jennifer Craig Timothy Duncan Edward Gaffney Orlando Gutierrez Leonard Jones Sandy Kessinger Rob Robinson Kathy Ross Catherine Singleton Stephanie Spears David Stackelhouse Erika Kauffman Wheeler</p>	<p><b>(4.1.2) Telephone</b></p> <p>(816) 842-4545 (816) 329-4276 (816) 347-3245 (913) 378-9146 (608) 665-5305 (816) 729-9591 (816) 316-4802 (913) 234-2327 (816) 760-8310 (913) 669-4923 (913) 647-6455 (913) 895-4154 (816) 478-0385 (816) 305-6271</p>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b></p> <p><i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>A child can be referred to the program by school 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.</p>								
<p><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> <i>(Check all that apply)</i></p>	<ul style="list-style-type: none"> <li>× Non-home-based office space</li> <li>× 24-hour designated business phone line or answering service</li> <li>× Full-time program manager/administrator</li> <li>× Full-time secretarial/clerical person</li> <li>× Certified financial/accounting person on staff</li> <li>× Certified procurement/purchasing person</li> <li>× Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</li> <li>× Computerized client information system</li> <li>× Secured client records filing system (for client confidentiality)</li> <li>× Designated independent financial audit service</li> <li>× Annual financial audit or financial reporting</li> <li>× Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</li> <li>× 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</li> </ul>		<p><b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input checked="" type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>								
<p><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></p>	<ul style="list-style-type: none"> <li>× Meet HUD's requirements (will be verified by the City)</li> <li><input type="checkbox"/> Not sure and would need City's assessment to make that determination</li> <li><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</li> <li><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____</li> <li><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</li> </ul>		<p><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></p>	<table border="1"> <tr> <th data-bbox="1089 1041 1255 1079">(4.6.1) Amount</th> <th data-bbox="1255 1041 1521 1079">(4.6.2) Why</th> </tr> <tr> <td data-bbox="1089 1079 1255 1226">\$7,256</td> <td data-bbox="1255 1079 1521 1226">There are no other resources available to fund this basic service</td> </tr> </table>	(4.6.1) Amount	(4.6.2) Why	\$7,256	There are no other resources available to fund this basic service				
(4.6.1) Amount	(4.6.2) Why											
\$7,256	There are no other resources available to fund this basic service											
			<p><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p>	<table border="1"> <tr> <th data-bbox="1089 1226 1339 1264">(4.7.1) Fee Type</th> <th data-bbox="1339 1226 1521 1264">(4.7.2) Amount</th> </tr> <tr> <td colspan="2" data-bbox="1089 1264 1521 1302" style="text-align: center;">n/a</td> </tr> <tr> <td colspan="2" data-bbox="1089 1302 1521 1451"> <input type="checkbox"/> No fee for participating in this program                 </td> </tr> </table>	(4.7.1) Fee Type	(4.7.2) Amount	n/a		<input type="checkbox"/> No fee for participating in this program			
(4.7.1) Fee Type	(4.7.2) Amount											
n/a												
<input type="checkbox"/> No fee for participating in this program												
			<p><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></p>	<table border="1"> <tr> <th data-bbox="1089 1451 1300 1488">(4.8.1) Unit Type</th> <th data-bbox="1300 1451 1521 1488">(4.8.2) Rate Per Unit</th> </tr> <tr> <td data-bbox="1089 1488 1300 1526">Case Management</td> <td data-bbox="1300 1488 1521 1526">\$33.79</td> </tr> <tr> <td data-bbox="1089 1526 1300 1564"></td> <td data-bbox="1300 1526 1521 1564">\$</td> </tr> <tr> <td colspan="2" data-bbox="1089 1564 1521 1646">Notes:</td> </tr> </table>	(4.8.1) Unit Type	(4.8.2) Rate Per Unit	Case Management	\$33.79		\$	Notes:	
(4.8.1) Unit Type	(4.8.2) Rate Per Unit											
Case Management	\$33.79											
	\$											
Notes:												
			<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p>	<p><input checked="" type="checkbox"/> All expended before the end of 2019</p> <p><input type="checkbox"/> All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>								





**LEE'S SUMMIT**  
MISSOURI

RECEIVED

FEB 08 2019

Development Services

**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:	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.19) Program Service Address:	501 SW Mission Road Lee's Summit, MO 64063
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	501 SW Mission Road	(1.20) Status: (Check one)	<input type="checkbox"/> On-going CDBG-funded activity <input checked="" type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.21) The Plan for 2019-20 is: (Check one)	<input checked="" type="checkbox"/> To keep the service at the current level <input type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	046415892	(1.22) Total Estimated Cost:	\$356,582.00
(1.7) Total Organization Annual Budget in FY2018-19 FY2018-19:	\$1,782,947.21	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> <li>Total estimated budget will serve (#) 192.</li> <li>If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)<u>1857</u>.</li> <li>Average cost for each client is not relevant for this program.</li> <li>Without CDBG assistance, this program will serve (#) 128 clients.</li> </ul>
(1.8) Total Federal \$\$\$ Expended during Agency's FY2018-19:	<i>(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)</i> \$0	(1.24) Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input checked="" type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	Tom Lally	(1.25) CDBG Funding Request for 2019-20: (Please round to the nearest dollar)	\$25,000
(1.10) Telephone/Fax:	T:913-291-7359 F:816-994-6946	(1.26) In 2019, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
(1.11) Email Address:	tom@hillcrestkc.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Case Manager's Salary
(1.13) Total Annual Federal Grants in FY2018-19:	\$0		
(1.14) Program Administrator/ Key Contact Person:	Tom Lally		
(1.15) Telephone/Fax:	T:913-291-7359 F:816-994-6946		
(1.16) Email Address:	tom@hillcrestkc.org		
(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

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

<p><b>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</b></p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input checked="" type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p><b>(2.4) Program Objectives:</b></p> <p><i>(Check closest one)</i></p> <p><input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p><input type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input checked="" type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p><b>(2.2) Detailed Program Description:</b></p> <p><i>(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.)</i></p>	<p>Hillcrest will provide a private, fully-furnished apartment unit at no cost to homeless families in Lee's Summit, Missouri, for a period of up to 90 days. Each resident is required to find and maintain 35-40 hours per week of employment, and to attend weekly supportive services classes in case management, budgeting, life-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.</p> <p>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 program from homelessness. Persons to be assisted are typically single female-led households with children, however two-parent households with children, couples without children, and single males and females are also served by the program. Residents represent all ages and ethnicities, and often demonstrate having experienced domestic abuse, mental illness, and other disabling conditions. All clients, regardless of age, race, ethnicity, gender, religious affiliation, sexual orientation, or marital status, are served by the program</p>	<p><b>(2.5) Program Outcomes:</b></p> <p><i>(Check closest one)</i></p>	<p><b>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</b></p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
<p><b>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</b></p> <p><i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p><b>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2019 will be Different:</b></p> <p><i>(More details needed next page)</i></p>	<p>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.</p>
		<p><b>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</b></p> <p><input type="checkbox"/> 100% or Close</p> <p><input checked="" type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>	<p><b>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</b></p> <p>The families we serve are in desperate need for affordable housing and assistance in breaking the cycle of generational poverty. If there were no Hillcrest Ministries, hundreds of families in Lee's Summit would continue their cycle of homelessness and lack of access to needed services. As multiple studies support, homelessness impacts an individual's physical and mental health as well as their education and employment prospects. Our work is critical.</p>
		<p><b>(2.10) Describe How Outcomes are Measured:</b></p> <p><i>(System and methods have been/will be used.)</i></p>	<p>Outcomes will be measured using client pre and post program surveys, program and client data tracked in the local Homeless 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.</p>



**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**

(3.1) Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Program Budget (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Monetary and In-Kind Donations (B)	(3.6) Desired CDBG Amount (C)	(3.7) Other Federal Funds		(3.8) State & Local Grants		(3.9) All Other Funds (F)
						(3.7.1) Amount (D)	(3.7.2) Applied or Granted?	(3.8.1) Amount (E)	(3.8.2) Applied or Granted?	
<b>(3.1.1) PERSONNEL</b>										
Salaries	1	\$194,260	\$	\$169,260	\$25,000	\$		\$		\$194,260
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.2) BIG-TICKET EQUIPMENT</b>										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.3) OFFICE SUPPLIES</b>										
General Office Supplies		\$5,030	\$	\$5,030	\$	\$		\$		\$5,030
<b>(3.1.4) PROGRAM SUPPLIES</b>										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
<b>(3.1.5) OPERATING EXPENSES</b>										
Utilities		\$60,354	\$	\$60,354	\$	\$		\$		\$60,354
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$6,280	\$	\$6,280	\$	\$		\$		\$6,280
Transportation Related		\$7,900	\$	\$7,900	\$	\$		\$		\$7,900
<b>(3.1.6) OTHERS</b>										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$56,312	\$	\$56,312	\$	\$		\$		\$56,312
		\$	\$	\$	\$	\$		\$		\$
Other		\$	\$	\$26,446	\$	\$		\$		\$26,446
<b>(3.10) TOTALS</b>		\$	\$	\$331,582	\$25,000	\$		\$		\$356,582
<i>Notes</i>										

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

**FY 2018-2019 Actual and Projected Expenses<sup>1</sup> by Funding Sources**

(3.11) Total Program Budget	(3.12) Total Program Expenses <sup>1</sup> (Actual and Projected)	(3.13) Expenses by Funding Type					
		(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	\$	\$	\$	\$
<i>Notes</i>							

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\***

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(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	
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 as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.

<p><b>(4.1) List Key Members of Your Current Board of Directors:</b></p>	<p><b>(4.1.1) Name</b></p>	<p><b>(4.1.2) Telephone</b></p>	<p><b>(4.4) Describe your Program In-take and Client Eligibility Verification and Determination Procedure:</b> <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Anyone interested in Hillcrest must submit a written application, in person or via the website. It is then the applicant's responsibility to contact Hillcrest daily to express an ongoing interest in the program. Once a program unit is available, the applicant will be invited to an interview. A committee of staff members will visit with each applicant about their needs, concerns, and goals. When the family attends the interview, it is helpful to have information about debts and sources of income. At that time, we will provide more details about the program. A decision will be made within 24 hours of the interview as to whether the program is a good fit for the applicant.</p>	
	Barbara Martin	816.830.3904			
	Brennan Tucker	816.726.9728			
	Bruce Heavner	816.679.2608			
	Catalina Thompson	913.306.3777			
	Charley Fleenor	816.525.3465			
	George Kapke	816.461.3800			
	J. Scott King	816.478.6699			
	Jimmy Brummett	816.252.2255			
	Joy Campbell	913.647.9826			
Kelly Buckner	816.699.0049				
<p><b>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have:</b> <i>(Check all that apply)</i></p>	<p>X Non-home-based office space</p>		<p><b>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</b></p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p>X Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>	
	<p><input type="checkbox"/> 24-hour designated business phone line or answering service</p>				
	<p>X Full-time program manager/administrator</p>				
	<p>X Full-time secretarial/clerical person</p>				
	<p>X Certified financial/accounting person on staff <i>ed Liberty</i></p>				
	<p>X Certified procurement/purchasing person</p>				
	<p>X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p>				
	<p>X Computerized client information system</p>				
	<p>X Secured client records filing system (for client confidentiality)</p>				
	<p>X Designated independent financial audit service ✓</p>				
<p>X Annual financial audit or financial reporting ✓</p>					
<p>X Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p>					
<p>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</p>					
<p><b>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</b></p>	<p>X Meet HUD's requirements (will be verified by the City)</p>		<p><b>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</b></p>	<p><b>(4.6.1) Amount</b></p>	<p><b>(4.6.2) Why</b></p>
	<p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p>			<p>\$25,000</p>	<p>Operating funds for staff members are critical and difficult to secure.</p>
	<p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p>				
	<p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p>_____</p> <p>_____</p>				
<p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>					
			<p><b>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</b></p>	<p><b>(4.7.1) Fee Type</b></p>	<p><b>(4.7.2) Amount</b></p>
				<p>X No fee for participating in this program</p>	
			<p><b>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</b></p>	<p><b>(4.8.1) Unit Type</b></p>	<p><b>(4.8.2) Rate Per Unit</b></p>
					<p>\$</p>
			<p>Notes: Rates are not charged per unit.</p>		
			<p><b>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</b></p>	<p><input type="checkbox"/> All expended before the end of 2019</p> <p>X All expended by the end of June 2020, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2020, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>	





**LEE'S SUMMIT**  
MISSOURI

**Community Development Block Grant Program**  
**APPLICATION FORM FOR CONSTRUCTION/ REHAB/ ACQUISITION/ DEMOLITION**  
**PROGRAM YEAR 2019-2020**

RECEIVED  
FEB 07 2019  
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 \_\_\_\_\_

\* Activities for special economic development may not fit this form per HUD regulations. Please contact the City for additional instructions.

**SECTION I -- Summary**

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

(1.1) Applicant Agency Name:	Lee's Summit Housing Authority	(1.22) Program/Project Title:	Duncan Estates Bathroom Rehab
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes Political Subdivision No <input type="checkbox"/>	(1.23) Location of Project: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.24) Status: (Check one)	<input checked="" type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	111 SE Grand Avenue	(1.25) Total Estimated Project Cost: (Do not fill this blank until you finish the entire form)	\$340,000.00
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.26) Cost Estimate Is Based on: (You may attach the estimate details)	Independent Cost Estimate (CMR) Plans & Specifications
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	781244835	(1.27) Cost Estimate Includes: (Majority of construction and reconstruction projects require these for procurement)	<input type="checkbox"/> Property Survey <input checked="" type="checkbox"/> Engineering Design <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> 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 Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.10) Email Address:	darrin.taylor@leessummithousingauthority.org	(1.31) Amount of CDBG Funding Request for 2018-19: (Please round to the nearest dollar)	\$ 230,000.00
(1.11) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(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.  Necessary Physical Improvements
(1.12) Total Annual Federal Grants in FY2018-19:	\$4,996,790.00	(1.33) If Expected, are the Other Funds Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(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) \$		
(1.14) Prior Experience with Similar Projects Funded with Federal Grant?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No, skip the next question)		
(1.15) Name the Most Recent Such Project and Year:	HUD/CDBG Activity #667 Phase I		
(1.16) Project Manager:	Darrin J. Taylor		
(1.17) Telephone/Fax:	T:SAME F:SAME		
(1.18) Email Address:	SAME		
(1.19) Project Key Contact:	SAME		
(1.20) Telephone/Fax:	T:SAME F:SAME		
(1.21) Email Address:	SAME		

NA-35 Public Housing – 91.205(b)

<p>(1.34) Project Type:</p> <p>(Check one)</p>	<p><input type="checkbox"/> Acquisition of Real Property for Public Use</p> <p><input type="checkbox"/> Demolition</p> <p><input type="checkbox"/> Not-for-profit Facility Reconstruction</p> <p><input type="checkbox"/> Not-for-profit Facility New Construction</p> <p><input type="checkbox"/> Public Facility/Infrastructure Improvement</p> <p><input checked="" type="checkbox"/> Housing Rehabilitation/Repairs</p> <p><input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents</p>	<p>(1.35) Brief Description of the Project and the Impact the Requested CDBG Grant will have: (150 words or less)</p>	<p>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.</p>
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**SECTION II --- Project Description and Eligibility Information**

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

<p>(2.1) Does the Project Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in Census Tract 137.03</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>(2.5) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input checked="" type="checkbox"/> 1 (Highest)</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>
<p>(2.2) Detailed Description of the Project for Which Funds are Requested:</p> <p><i>(Focus on the physical nature of the project, such as degree of physical deterioration the existing facility and specific improvements needed to correct the problem.)</i></p>	<p>LSHA properties are aging and all aging property requires capital improvements and maintenance for its preservation.</p> <p>LSHA properties are the only viable public housing (low-income) option in the community. As with any aging property, it is important to identify problems and take actions to cost effectively and efficiently rehabilitate.</p> <p>The LSHA uses information from annual Uniform Physical Conditions Standards (UPCS) inspection to complete 5-Year and Annual Plans to carry out capital improvements. LSHA capital improvements planning emphasizes energy efficiencies where cost effective and feasible. The current capital improvements project is Phase I of a three-year plan to improve living conditions in 76 residential units located at Duncan Estates and Lea Haven.</p> <p>Improvements focus on interior rehabilitation; to bathrooms and living areas in 76 units. Improvements to include ADA improvements in the bathrooms of selected units. All improvements incorporate water-saving technology to conserve water usage and generate savings to LSHA and reducing utility costs for low-income families, seniors and disabled residents.</p> <p><b>Conserve Natural Resources, Reduce Utility Costs, Long-Term Viability, Improve Living Conditions.</b></p> <p>NA-35 Public Housing – 91.205(b)</p> <p>MA-25 Public and Assisted Housing – 91.210(b)</p> <p>AP-60 Public Housing – 91.220(h)</p>	<p>(2.6) Project Objectives: <i>(Check closest one)</i></p>	<p><input type="checkbox"/> Providing improved and suitable living environment (such as eliminating physical barriers for the disabled)</p> <p><input checked="" type="checkbox"/> Providing decent housing (such as eliminating serious safety hazards from affordable housing)</p> <p><input type="checkbox"/> Creating economic opportunities (such as creating new jobs for the disadvantaged population)</p>
		<p>(2.7) Project Outcomes: <i>(Check closest one)</i></p>	<p><input type="checkbox"/> Availability/Accessibility (Making needed facility available/accessible to qualified clients)</p> <p><input checked="" type="checkbox"/> Affordability (Making the facility affordable to qualified clients)</p> <p><input checked="" type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
		<p>(2.8) If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?</p>	<p>Year _____</p>
		<p>(2.9) If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?</p>	<p>LSHA has utilized CDBG and CFP funds to carry-out physical improvements to its properties. Physical improvements identified in a 5-Year Plan. Preserving long term viability of low-income public housing stock.</p>
		<p>(2.10) If This Project is not Funded, What Impact will it have on the Number of Clients Served?</p>	<p><input type="checkbox"/> Will Not Change</p> <p><input type="checkbox"/> Will Decrease Slightly</p> <p><input checked="" type="checkbox"/> Will Decrease Significantly</p> <p><input type="checkbox"/> No Clients Will be Served</p> <p><input type="checkbox"/> No Additional Clients Will be Served</p>
		<p>(2.11) If this Project is Not Funded in this Program Cycle, Your Agency or Service: <i>(Check all that apply.)</i></p>	<p><input type="checkbox"/> Will Not be Hurt as a Result</p> <p><input type="checkbox"/> Will Face Legal Liabilities</p> <p><input type="checkbox"/> Will Face Termination of a Critical Program</p> <p><input checked="" type="checkbox"/> Will Face Growing Complaints from Clients</p> <p><input type="checkbox"/> Will Face Code Violation Citations and Penalties</p> <p><input type="checkbox"/> Other</p>
		<p>(2.12) Factors Potentially Affecting the Implementation of this Project: <i>(Check all that apply.)</i></p>	<p><input type="checkbox"/> Likely Personnel Change at the Agency</p> <p><input type="checkbox"/> No Procurement Professional on Staff Familiar with Federal Procurement Rules</p> <p><input type="checkbox"/> Relocation of Current Service from the Existing Facility to Allow Construction</p> <p><input type="checkbox"/> Availability and Timing of Other Funds for this Project</p> <p><input type="checkbox"/> Approval from Other Authorities</p> <p><input type="checkbox"/> Design/Redesign of the Facility</p> <p><input type="checkbox"/> Lack of Records Detailing the Physical Nature of the Existing Facility</p> <p><input type="checkbox"/> Weather-sensitive</p> <p><input type="checkbox"/> Other Possible External Factors</p>

(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 work-orders 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.



<p>(2.4) This Project is Directly Related to the Applicant's Service of Providing:</p>	<p><input checked="" type="checkbox"/> Affordable Housing and Transitional Housing <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Childcare <input type="checkbox"/> Youth Services <input type="checkbox"/> General Public Services <input checked="" type="checkbox"/> Services for Seniors and the Disabled <input type="checkbox"/> General/Mental Health Services <input type="checkbox"/> Education Services <input type="checkbox"/> Job Training/Readiness Services <input type="checkbox"/> Drug/Alcohol Abuse Counseling/Treatment <input type="checkbox"/> Other _____</p>	
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**SECTION III --- Project Budget**

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

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

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

**FY 2019-2020 Project Budget**

(3.1) Service/Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Project Cost (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Cash and In-Kind Donations (B)	(3.6) Other Federal Funds		(3.7) State & Local Grants		(3.8) All Other Funds (E)	(3.9) Desired CDBG Amount (F)
					(3.6.1) Amount (C)	(3.6.2) Applied / Granted?	(3.7.1) Amount (D)	(3.7.2) Applied / Granted?		
<b>(3.1.1) ACQUISITION</b>										
Land		\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.2) PROFESSIONAL SERVICES (As required for procurement)</b>										
Property Survey		\$	\$	\$	\$		\$		\$	\$
Engineering Design/Redesign		\$	\$	\$	\$		\$		\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.3) CONSTRUCTION/REHAB</b>										
Demolition/Removal		\$	\$	\$	\$		\$		\$	\$
Site Preparation		\$	\$	\$	\$		\$		\$	\$
Construction		\$	\$	\$	\$		\$		\$	\$
Rehabilitation	1	\$340,000	\$10,000	\$0	\$100,000	100,000	\$0	0	\$110,000	\$230,000
Lead-based Paint Abatement		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.4) LABOR</b>										
Contract Labor		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.5) MATERIALS/SUPPLIES</b>										
Materials and Supplies <i>(Not furnishing, fixtures or equipment)</i>		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
<b>(3.1.6) FEES/OTHER OVERHEAD</b>										
Permit Fee(s)		\$	\$	\$	\$		\$		\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising <i>(If required, ads must be published in at least 2 papers)</i>		\$	\$	\$	\$		\$		\$	\$
<b>(3.10) TOTALS</b>		\$340,000	\$0	\$0	\$100,000	100,000	\$0	0	\$110,000	\$230,000
<i>Notes</i>										

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\***

(3.14) Fiscal Year	(3.15) Total Project Costs	(3.16) Projected Funding by Funding Sources						(3.17) Number of Clients to be Benefitted
		(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	
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://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.

<p>(4.1) List all Members of Your Current Board of Directors:</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Telephone</th> </tr> </thead> <tbody> <tr> <td>Emmet Plerson, Jr.</td> <td>816-517-8140</td> </tr> <tr> <td>Barbara Henson</td> <td>816-805-9199</td> </tr> <tr> <td>Kathy Kelsey</td> <td>816-721-7047</td> </tr> <tr> <td>Tameka Bryant</td> <td>816-922-0985</td> </tr> <tr> <td>Syrtiller Kabat</td> <td>816-524-5257</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Telephone	Emmet Plerson, Jr.	816-517-8140	Barbara Henson	816-805-9199	Kathy Kelsey	816-721-7047	Tameka Bryant	816-922-0985	Syrtiller Kabat	816-524-5257												<p>(4.5) Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</p>	
Name	Telephone																									
Emmet Plerson, Jr.	816-517-8140																									
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<p>(4.2) Does Your Agency / Division in Charge of the Project CDBG Funding Is Requested for have: <i>(Check all that apply)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Non-home-based office space</li> <li><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</li> <li><input checked="" type="checkbox"/> Designated project manager</li> <li><input checked="" type="checkbox"/> Full-time secretarial/clerical person</li> <li><input checked="" type="checkbox"/> Certified financial/accounting person on staff</li> <li><input checked="" type="checkbox"/> Certified procurement/purchasing person</li> <li><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</li> <li><input checked="" type="checkbox"/> Computerized client information system</li> <li><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</li> <li><input checked="" type="checkbox"/> Designated independent financial audit service</li> <li><input checked="" type="checkbox"/> Annual financial audit or financial reporting</li> <li><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</li> <li><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</li> </ul>		<p>(4.6) Describe your Agency's In-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program in-take form.)</i></p>	<p>Meets HUD &amp; CDBG Requirements</p>																						
<p>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</li> <li><input type="checkbox"/> Not sure and would need City's assessment to make that determination</li> <li><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</li> <li><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to</li> <li><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</li> </ul>		<p>(4.7) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Make up the difference with other funds available to the agency</li> <li><input checked="" type="checkbox"/> Phase the project out and do only a portion this year <i>(future funding not guaranteed)</i></li> <li><input type="checkbox"/> Withdraw application and cancel the project</li> <li><input type="checkbox"/> Withdraw application but proceed with the project</li> <li><input type="checkbox"/> Not sure what we can do with that amount</li> </ul>																						
<p>When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.</p>			<p>(4.8) Minimum Amount of CDBG Funds Needed to Make This Project Work:</p>	<table border="1"> <thead> <tr> <th>(4.8.1) Amount</th> <th>(4.8.2) Why</th> </tr> </thead> <tbody> <tr> <td>\$239,000</td> <td>Economy of scale relative to total project costs to completion</td> </tr> </tbody> </table>	(4.8.1) Amount	(4.8.2) Why	\$239,000	Economy of scale relative to total project costs to completion																		
(4.8.1) Amount	(4.8.2) Why																									
\$239,000	Economy of scale relative to total project costs to completion																									
<p>(4.4) If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Used without user fees</li> <li><input type="checkbox"/> Leased/subleased to other agencies resulting in a lease income</li> <li><input type="checkbox"/> Will be sold when no longer needed</li> <li><input type="checkbox"/> Will be donated for a public purpose</li> </ul>		<p>(4.9) Project Schedule - Your Agency Plans to Start Project Construction:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Before end of 2019</li> <li><input checked="" type="checkbox"/> Within first half of 2020</li> <li><input type="checkbox"/> Within second half of 2020</li> <li><input type="checkbox"/> Totally depending on when other funding becomes available</li> <li><input type="checkbox"/> Not sure for other reasons</li> </ul>																						
			<p>Notes:</p>	<p><i>Will be revised by LSHA. See revised in next page</i></p>																						

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. 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-and-administrative-systems/>) The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.

<p>(4.1) List all Members of Your Current Board of Directors:</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Telephone</th> </tr> </thead> <tbody> <tr> <td>Emmel Pierson, Jr.</td> <td>816-517-8140</td> </tr> <tr> <td>Barbara Henson</td> <td>816-805-9199</td> </tr> <tr> <td>Kathy Kelsey</td> <td>816-721-7047</td> </tr> <tr> <td>Tameka Bryant</td> <td>816-922-0985</td> </tr> <tr> <td>Syrtiller Kabat</td> <td>816-524-5257</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Telephone	Emmel Pierson, Jr.	816-517-8140	Barbara Henson	816-805-9199	Kathy Kelsey	816-721-7047	Tameka Bryant	816-922-0985	Syrtiller Kabat	816-524-5257											<p>(4.5) Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</p>	
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<p>(4.2) Does Your Agency/Division in Charge of the Project CDBG Funding Is Requested for have: <i>(Check all that apply)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Non-home-based office space</li> <li><input checked="" type="checkbox"/> 24-hour designated business phone line or answering service</li> <li><input checked="" type="checkbox"/> Designated project manager</li> <li><input checked="" type="checkbox"/> Full-time secretarial/clerical person</li> <li><input checked="" type="checkbox"/> Certified financial/accounting person on staff</li> <li><input checked="" type="checkbox"/> Certified procurement/purchasing person</li> <li><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</li> <li><input checked="" type="checkbox"/> Computerized client information system</li> <li><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</li> <li><input checked="" type="checkbox"/> Designated independent financial audit service</li> <li><input checked="" type="checkbox"/> Annual financial audit or financial reporting</li> <li><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</li> <li><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</li> </ul>	<p>(4.6) Describe your Agency's In-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves:  <i>(It is required that you attach to this application a copy of your program in-take form.)</i></p>	<p>Meets HUD &amp; CDBG Requirements</p>																						
<p>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</li> <li><input type="checkbox"/> Not sure and would need City's assessment to make that determination</li> <li><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</li> <li><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to</li> <li><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</li> </ul>	<p>(4.7) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <p><input type="checkbox"/> Make up the difference with other funds available to the agency</p> <p><input checked="" type="checkbox"/> Phase the project out and do only a portion this year <i>(future funding not guaranteed)</i></p> <p><input type="checkbox"/> Withdraw application and cancel the project</p> <p><input type="checkbox"/> Withdraw application but proceed with the project</p> <p><input type="checkbox"/> Not sure what we can do with that amount</p>																							
<p>When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any income generated as a result of collection of user fees or sale of property within a time period as determined by the City must be reported and returned to the City as CDBG program income.</p>	<p>(4.4) If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Used without user fees</li> <li><input type="checkbox"/> Leased/subleased to other agencies resulting in a lease income</li> <li><input type="checkbox"/> Will be sold when no longer needed</li> <li><input type="checkbox"/> Will be donated for a public purpose</li> </ul>	<p>(4.8) Minimum Amount of CDBG Funds Needed to Make This Project Work:</p> <p>(4.8.1) Amount: <b>\$150,000</b></p> <p>(4.8.2) Why: Economy of scale relative to total project costs to completion</p>	<p>(4.9) Project Schedule - Your Agency Plans to Start Project Construction:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Before end of 2019</li> <li><input checked="" type="checkbox"/> Within first half of 2020</li> <li><input type="checkbox"/> Within second half of 2020</li> <li><input type="checkbox"/> Totally depending on when other funding becomes available</li> <li><input type="checkbox"/> Not sure for other reasons</li> </ul>																						
		<p>Notes:</p>	<p style="text-align: center; font-size: 2em;">Revised 2/21/19</p>																						

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.





# TOMPKINS ARCHITECTS

612 NW Kay Drive, Lee's Summit, MO 64063

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

--- END OF MEMORANDUM ---



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

DESCRIPTION	QUANTITY	UNIT \$	TOTAL
<b>02060 DEMOLITION</b>			
Demo Tub and Fixtures	66 EA	125.00	8,250
Demo Wall Mounted Lavatory	66 EA	50.00	3,300
Demo Water Closet	66 EA	50.00	3,300
Cap Plumbing Lines	198 EA	10.00	1,980
Demo Wall Base	1,193 LF	0.75	895
Demo Flooring	2,790 SF	1.00	2,790
Demo Exhaust Fan	66 EA	45.00	2,970
Demo Medicine Cabinet	66 EA	25.00	1,650
Temporary Protection	66 EA	200.00	13,200
Haul Off	104 CY	50.00	5,189
			<hr/> 43,524
<b>06200 FINISH CARPENTRY</b>			
Vanity	66 EA	250.00	16,500
			<hr/> 16,500
<b>07920 JOINT SEALANTS</b>			
N/A			<hr/> -
<b>08110 DOOR &amp; FRAMES</b>			
N/A			<hr/> -
<b>08211 FLUSH WOOD DOORS</b>			
N/A			<hr/> -
<b>08710 DOOR HARDWARE</b>			
N/A			<hr/> -
<b>09255 GYPSUM SYSTEMS</b>			
Repair Wall Damage as Occurs	16,483 SF	0.75	12,362
Misc Gyp	66 EA	100.00	6,600
			<hr/> 18,962
<b>09651 RESILIENT TILE FLOORING</b>			
Metal Transition Strip	66 EA	25.00	1,650
12"x12" VCT	2,790 SF	3.00	8,370
			<hr/> 10,020
<b>09653 RESILIENT WALL BASE AND ACCESSORIES</b>			
Rubber Base	1,193 LF	2.25	2,685
			<hr/> 2,685

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

DESCRIPTION	QUANTITY	UNIT	\$	TOTAL
<b>09900 PAINTING</b>				
Patch and Paint Walls	12,056	SF	2.00	24,112
				<u>24,112</u>
<b>10801 TOILET AND BATH ACCESSORIES</b>				
18" Towel Rack	66	EA	75.00	4,950
16"x30"x4" ADA Surface Mounted Medicine Cabinet	66	EA	135.00	8,910
Toilet Paper Dispenser	66	EA	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		NIC
				<u>37,620</u>
<b>22000 PLUMBING</b>				
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
				<u>241,858</u>
<b>23000 HVAC</b>				
Exhaust Fan - 70CFM	66	EA	325.00	21,450
				<u>21,450</u>
<b>26000 ELECTRICAL</b>				
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
				<u>24,510</u>



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR CITY PROGRAMS (Ongoing City Programs Only) PROGRAM YEAR 2019-2020

RECEIVED JAN 14 2019 Development Services

SECTION I --- Program

Program Name: Minor Home Repair Program Operating Department: Development Services / Planning CDBG Request Amount: \$ 140,000 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 On-going Until Funds are Exhausted

SECTION II --- Program Description and Eligibility Information

Program Description: The emphasis of the program is on neighborhood conservation. Low to moderate income, single- family, owner- occupied households will be eligible for minor exterior repairs, minor repairs to private sanitary sewer improvements. These repairs and improvements will increase property value, sense of community and neighborhood pride.

Beneficiaries: N/A LMI Households LMI Area Projected Needs: +/- 14 Minimum CDBG Grant Required: n/a Should Grant Be Less Than Requested: Will Not Work Will Result in Less Benefit No/Little Impact

[Signature]

Signature - Person Completing the Application

Community Standards Officer

Title

1/11/2019

Date

[Signature]

Signature - Person Authorizing the Application

DIRECTOR OF DEVELOPMENT SERVICES

Title

1-14-19

Date

### ### ###