



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR CITY PROGRAMS (Ongoing City Programs Only) PROGRAM YEAR 2021-22

SECTION I --- Program

Program Name: CDBG Administration Operating Department: Development Services
CDBG Request Amount: \$74,476.80 (or 20%) Program Funding Source (s): CDBG Only
Program Is: Multi-year On-going
Completion Date: On-going Until Funds are Exhausted

SECTION II --- Program Description and Eligibility Information

Program Description: Administrative costs associated with administering the program

Beneficiaries: N/A
Projected Needs:
Should Grant Be Less Than Requested: Will Not Work

Signature - Person Completing the Application: Sarah Tilbury, Title: CDBG Administrator, Date: 02/02/2021
Signature - Person Authorizing the Application: Amy Koensman, Title: Administration Manager, Date: 2/18/2021

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LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2021-22

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

This application must be received or postmarked by 5:00 p.m., Friday, February 5, 2021
cdbg@cityofls.net

-Development Services, 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 \$ _____ HUD ACT # _____
Environmental Review Completed _____ 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 Ave. Lee's Summit, MO 64086 <i>(and other schools)</i>
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	838 SW Blue Parkway	(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 2021-22 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 FY2019-20:	\$268,448	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	• Total estimated budget will serve (#) ²⁵⁸ _____ • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) ²⁵⁹ _____ • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) ²²⁶ _____ clients.
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2020-21: <i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i>	\$20,432.60	(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 2021-22: <i>(Please round to the nearest dollar)</i>	\$8,000
(1.10) Telephone/Fax:	T: 16-786-0758	(1.26) In 2021, 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 FY2019-20:	\$20,432.60		
(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 nutritional meals benefitting overall health for the children.		

Development Services

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

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>	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p> <input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p> <input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
<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 illness, caring for extended family, and more recently unemployment from COVID-19 are just some of the issues that can make it difficult for families to provide enough nutritious food for their children. Schools provide breakfast and lunch for these children, but on the weekends and during times of virtual school, they do not always have this source. Prior to COVID, Harvesters had already identified more than 600 chronically hungry children in Lee's Summit who could benefit from extra food on the weekends. Coldwater provides weekend food packs for students at 7 different elementary schools in the Lee's Summit School District, as well as the district's early education center (preschool), HeadStart schools, and the alternative high school. Coldwater also provides food on request to food pantries at the three Lee's Summit middle schools and three high schools. Coldwater, in partnership with Harvesters, has provided weekend BackSnacks (food packs) to elementary children for the past 11 school years. These contain breakfast items, lunches/dinners, milk boxes, water and snacks. Harvesters delivers the BackSnacks 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. 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 for the Great Beginnings Early Education Center (preschool) and district HeadStart schools. The No Hungry Kids! leader purchases food for these food packs and then the volunteers assemble them on site for distribution by delivery teams.</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure	<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>Funding has been and will continue to be received from grants, businesses, churches, civic groups, organizations and individuals.</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>	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 (Lowest)	<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p> <input type="checkbox"/> 100% or Close <input type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input checked="" type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%	<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 introduced 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 80 chronically hungry preschool children as well. These numbers most likely are higher due to the effects of COVID-19 on Lee's Summit families. 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>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p> <p>Currently, we measure outcomes based on the criteria established by CDBG. Harvesters provides information on the evaluation and outcomes of their BackSnack program. We also rely on feedback from 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 2021-22 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?	
(3.1.1) PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
(3.1.5) OPERATING EXPENSES										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
(3.1.6) OTHERS										
Meals and Nutrition		\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$64,500	\$9,800	\$19,000	\$8,000	\$		\$		\$27,700
<i>Notes</i>										

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

FY 2020-21 Actual and Projected Expenses¹ by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses ¹ (Actual and Projected)	(3.13) Expenses by Funding Type						(3.13.6) All Other Funds (F)
		(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)		
\$47,000	\$47,000	\$8,252	\$6,000	\$5,048	\$	\$	\$27,700	
<i>Notes</i>								

1. 12-month expenses between July 1, 2019 and June 30, 2020.

Projections of Program Expenses and Funding Needs for FY 2021-22 through 2022-23*

(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	
2021-22	\$68,250	\$12,550	\$20,000	\$8,000	\$	\$	\$27,700	273
2022-23	\$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.**

<p>(4.1) List Key Members of Your Current Board of Directors:</p>	(4.1.1) Name	(4.1.2) Telephone	<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>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.</p>			
	Stacey Brodersen	816-835-4605					
	Vicki Bullard	816-820-1564					
	Diana Carollo	816-651-8012					
	Shelley Cole	816-210-8005					
	Jennifer Collier	816-803-6199					
	Jan Durbin	816-525-9736					
	Jesse McDaniel	816-896-8711					
	Corey McDonald	816-777-8850					
	Sandy Thompson	816-520-3427					
<p>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></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 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 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>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <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"/> Not sure what we can do with that amount				
	<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> <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>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p> <p>(4.6.1) Amount: \$2,500</p> <p>(4.6.2) Why: To maintain the number of students served</p>			
					<p>(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:</p> <input checked="" type="checkbox"/> No fee for participating in this program	(4.7.1) Fee Type	(4.7.2) Amount
					<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: NA</p> <p>(4.8.2) Rate Per Unit: \$</p> <p>Notes:</p>		
					<p>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p> <input checked="" type="checkbox"/> All expended before the end of 2020 <input type="checkbox"/> All expended by the end of June 2021, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2021, but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended		



SECTION V --- Certifications

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

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

Coldwater of Lee's Summit

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

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

Monica J. [Signature]

Executive Director

2-3-21

Signature – Person Completing the Application

Title

Date

Signature – President/CEO of the Agency

Title

Date

[Signature]

President

2-3-2021

Signature – Board of Directors Chair/President

Title

Date

###





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2021-22

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

This application must be received or postmarked by 5:00 p.m., Friday, February 5, 2021
cdbg@cityofls.net

-Development Services, 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 type="checkbox"/> No <input checked="" 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 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 2021-22 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:	
(1.7) Total Organization Annual Budget in FY2019-20:	\$ 2,900,229	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) 192 If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____ Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) 129 clients.
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2020-21:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$ 0	(1.24) 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
(1.9) Executive Director:	Tom Lally	(1.25) CDBG Funding Request for 2021-22: (Please round to the nearest dollar)	\$25,000
(1.10) Telephone/Fax:	T: 913-291-7359 F: 816-994-6946	(1.26) In 2021, 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 FY2019-20:	\$ 0		
(1.14) Program Administrator/ Key Contact Person:	Lu Ann Ross		
(1.15) Telephone/Fax:	T: 816-994-6934 F: 816-994-6946		
(1.16) Email Address:	lross@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 where sixteen transitional housing apartments are provided to homeless households. The Case Manager provides direct supportive services to residents on-site, assisting them with employment, budgeting, life-skills, counseling, reducing or ending welfare benefits, and finding and securing permanent housing.		

SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input checked="" type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p> <input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	
<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>Hillcrest will provide 16 private, fully-furnished apartment units 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 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 (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 adults are also served. 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.</p>	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p> <input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)	
		<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure	
		<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>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 2021 is projected to be the same.</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> <input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%	
<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>	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 (Lowest)	<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>The families we serve are in desperate need for affordable housing and assistance in breaking the cycle of generational poverty. According to Stephanie Graham, the homeless services coordinator for the Lee's Summit School District, there are 139 homeless students in the district this year. 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 education and employment prospects.</p>
		<p>(2.10) Describe How Outcomes are Measured: <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, 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.</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 2021-22 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?	
(3.1.1) PERSONNEL										
Salaries		\$ 79,500	\$	\$	\$ 25,000	\$		\$		\$ 104,500
Fringe Benefits		\$ 13,500	\$	\$	\$	\$		\$		\$ 13,500
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$ 1,500	\$	\$	\$	\$		\$		\$ 1,500
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$ 2,500	\$	\$ 2,500	\$	\$		\$		\$ 5,000
(3.1.5) OPERATING EXPENSES										
Utilities		\$ 26,800	\$	\$	\$	\$		\$		\$ 26,800
Insurance		\$ 11,700	\$	\$	\$	\$		\$		\$ 11,700
Legal Services		\$ 1,100	\$	\$	\$	\$		\$		\$ 1,100
Transportation Related		\$ 1,500	\$	\$	\$	\$		\$		\$ 1,500
(3.1.6) OTHERS										
Meals and Nutrition		\$ 12,500	\$	\$ 12,500	\$	\$		\$		\$ 25,000
Rental Assistance		\$ 10,500	\$	\$	\$	\$		\$		\$ 10,500
Maintenance		\$ 38,000	\$	\$ 5,000	\$	\$		\$		\$ 43,000
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$ 199,100	\$	\$ 20,000	\$ 25,000	\$		\$		\$ 244,100
<i>Notes</i>										

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

FY 2020-21 Actual and Projected Expenses¹ by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses ¹ (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)
\$ 170,000	\$ 167,700	\$	\$ 20,000	\$ 25,100	\$	\$	\$ 122,600
<i>Notes</i>							

1. 12-month expenses between July 1, 2019 and June 30, 2020.

Projections of Program Expenses and Funding Needs for FY 2021-22 through 2022-23*

(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	
2021-22	\$ 244,100	\$	\$ 20,000	\$ 25,000	\$	\$	\$ 199,100	192
2022-23	\$ 250,000	\$	\$ 20,000	\$ 25,000	\$	\$	\$ 205,000	192

*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>	(4.1.1) Name	(4.1.2) Telephone	<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>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 visits with each applicant about their needs, concerns, and goals. When the family attends the interview, it is helpful to have information about debts and sources of income. At that time, we provide more details about the program. A decision is made within 24 hours of the interview as to whether the program is a good fit for the applicant.</p>		
	Barbara Martin	816-830-3904				
	Brennan Tucker	816-726-9728				
	Bruce Heavner	816-679-2608				
	Charley Fleenor	816-525-3465				
	George Kapke	816-461-3800				
	J. Scott King	816-478-6699				
	Annie Rogers	913-742-7288				
	Gwen Davidson	816-824-1895				
	Lisa Hodson	202-460-5127				
Paul Roberts	816-224-7247					
<p>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)</p>	<input checked="" type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Full-time program manager/administrator <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input checked="" type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		<p>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</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 type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> Not sure what we can do with that amount			
	<p>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>		(4.6.1) Amount	(4.6.2) Why		
			\$ 25,000	Operating funds for staff members are critical and difficult to secure.		
	<p>(4.7) Fee Schedule for this Program, if Fees are Charged for the Service</p>		<p>will accept any amount</p>			
	<p>(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>					
	<p>(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</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>Notes: Rates are not charged per unit.</p>	
	<p>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p>		<input type="checkbox"/> All expended before the end of 2021 <input checked="" type="checkbox"/> All expended by the end of June 2022 but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2022 but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended			



SECTION V --- Certifications

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

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

Hillcrest Ministries of MidAmerica, Inc., dba Hillcrest Transitional Housing (Name of Agency Requesting CDBG Funding) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Lee’s Summit.

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

<u>Lu Ann Ross</u>	<u>Vice President, Programs</u>	<u>2/3/21</u>
Signature – Person Completing the Application	Title	Date
<u>Tom Lally</u>	<u>President and CEO</u>	<u>2/3/21</u>
Signature – President/CEO of the Agency	Title	Date
<u>Barbara Martin</u>	<u>Board Chair</u>	<u>2/3/21</u>
Signature – Board of Directors Chair/President	Title	Date

###



SECTION V --- Certifications

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

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

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

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

<i>(Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
Signature - Person Completing the Application	Title	Date
<i>(Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
Signature - President/CEO of the Agency	Title	Date
<i>(Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
Signature - Board of Directors Chair/President	Title	Date

*** END ***





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2021-2022

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 5, 2021
-Development Services, 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.

<p>(1.1) Applicant Agency Name: Hope House, Inc</p> <p>(1.2) Not-for-profit organization <i>(with active 501(c) status)?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(1.3) Faith-based organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i> PO BOX 577</p> <p>(1.5) City/State/Zip: Lee's Summit MO 64063</p> <p>(1.6) Agency's DUNS #: 948450614 <i>(Required. If your agency does not have one, apply for one)</i></p> <p>(1.7) Total Organization Annual Budget in FY2019-20: \$6,624,370.51</p> <p>(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2020-21: <i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$3,117,473.97</p> <p>(1.9) Executive Director: MaryAnne Metheny</p> <p>(1.10) Telephone/Fax: T: (816) 257-9331 F: (816) 257-9350</p> <p>(1.11) Email Address: mmetheny@hopehouse.net</p> <p>(1.12) Governed by Board of Directors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(1.13) Total Annual Federal Grants in FY2019-20: \$1,188,780.00</p> <p>(1.14) Program Administrator/ Key Contact Person: Brandi Bair, Director of Grants and Compliance</p> <p>(1.15) Telephone/Fax: T: (816) 257-9349 F: (816) 257-9350</p> <p>(1.16) Email Address: bbair@hopehouse.net</p>	<p>(1.17) Program/Project Title: Children's Therapy Program</p> <p>(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</p> <p>(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.</p> <p>(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</p> <p>(1.21) The Plan for 2021-22 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</p> <p>(1.22) Total Estimated Cost: \$376,000.00</p> <p>(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year: • Total estimated budget will serve (#) 30 • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) 75.92 • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) 30 clients.</p> <p>(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</p> <p>(1.25) CDBG Funding Request for 2021-22: <i>(Please round to the nearest dollar)</i> \$15,000.00</p> <p>(1.26) In 2021, 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</p> <p>(1.27) If Expected, are Other Funding Sources Secured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(1.28) Specifically what will CDBG Funds Pay For? 198 units of children's therapy billed at \$75.92/unit</p>
<p>(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)</p>	<p>Hope House's Children's Therapy Program focuses 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 Programs as well as children who are utilizing outreach services. Requested CDBG funds will provide approximately 30 children with 198 units of therapy.</p>

Development Services

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

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:</p> <p>(Check closest one)</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><input 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:</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>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 their 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 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. Due to COVID-19, Hope House began providing therapy services remotely through Zoom, Doxy.me, phone calls, etc. for children residing in the community.</p>	<p>(2.5) Program Outcomes:</p> <p>(Check closest one)</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><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:</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>(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><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:</p> <p><i>(More details needed next page)</i></p>	<p>For the past several years, the Children's Therapy Program has been funded through federal, state, and county grants; private foundations; and general contributions to the agency. In 2021, the program will be funded through public grants including the Victims of Crime Act (VOCA), Children's Trauma Network, and Jackson County Mental Health Levy Fund. It will also be funded by private grants including Oppenstein Brothers Foundation, Mazuma Foundation, AMC Cares, and Health Forward Foundation.</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:</p> <p><i>(System and methods have been/will be used.)</i></p>	<p>Children will (1) improve their knowledge and/or ability to plan for their safety, (2) demonstrate the ability to self-regulate, (3) make progress toward individual and group treatment goals, (4) reduce their trauma related symptoms, (5) improve their knowledge of healthy relationship boundaries; and (6) report they felt supported and/or respected by the therapist who helped them. 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 verbalizing two self-regulation techniques, outcome 3 is evaluated by the therapist noting goal status, and outcome 4 is evaluated by administering the Parent and Child Report of Post-traumatic Symptoms (PROPS & CROPS) at the initial and last session. A positive outcome is a decrease between pre- and post-CROPS test scores. Outcome 5 is evaluated by the therapist's observation of the child's understanding of boundary concepts. Lastly, outcome 6 is evaluated by a client satisfaction survey.</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 2021-22 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?	
(3.1.1) PERSONNEL										
Salaries		\$254,300.00		\$60,400.00	\$10,200.00	\$84,800.00	Granted	\$46,900.00	Applied	\$52,000.00
Fringe Benefits		\$76,400.00		\$18,100.00	\$2,800.00	\$26,300.00	Granted	\$13,200.00	Applied	\$16,000.00
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$400.00				\$300.00	Granted	\$100.00	Applied	\$0.00
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$2,700.00		\$2,000.00				\$700.00	Applied	\$0.00
(3.1.5) OPERATING EXPENSES										
Utilities		\$4,700.00		\$4,700.00						
Insurance		\$8,200.00		\$8,200.00						
Legal Services		\$0.00								
Transportation Related		\$1,300.00			\$200.00	\$800.00	Granted	\$300.00	Applied	
(3.1.6) OTHERS										
IT Tech Support		\$3,900.00		\$100.00		\$1,000.00	Granted	\$1,100.00	Applied	\$1,700.00
All Other Direct Costs		\$600.00			\$200.00			\$400.00	Applied	\$0.00
Indirect Costs		\$23,500.00			\$1,600.00			\$11,900.00	Applied	\$10,000.00
(3.10) TOTALS		\$376,000.00	\$0.00	\$93,500.00	\$15,000.00	\$113,200.00		\$74,600.00		\$79,700.00
Notes	Hope House is the current recipient of funding from the Jackson County Community Mental Health Fund & Victims of Crime Act. Hope House has also secured private funding for this program and continues to request private funding for this program.									

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

FY 2020-21 Actual and Projected Expenses¹ by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses ¹ (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)
\$376,000.00	\$323,000.00		\$82,200.00	\$17,700.00	\$98,100.00	\$105,500.00	\$19,500.00
Notes							

1. 12-month expenses between July 1, 2019 and June 30, 2020.

Projections of Program Expenses and Funding Needs for FY 2021-22 through 2022-23*

(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	
2022-23	\$394,800.00		\$98,200.00	\$15,800.00	\$118,900.00	\$78,300.00	\$83,600.00	30
2023-24	\$414,500.00		\$103,100.00	\$16,500.00	\$124,800.00	\$82,200.00	\$87,900.00	30

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



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

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

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

(4.1) List Key Members of Your Current Board of Directors:	(4.1.1) Name	(4.1.2) Telephone	(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>	Children's Therapy Program participants are referred from Hope House's residential and non-residential programming. Primary admission criteria include current or past domestic violence in the family. The Child and Family Services Therapists connect with each adult 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.								
	Angela Ross Presnell	816-686-5851										
	Julie Ross	913-664-0764										
	Abby Mocek	913-234-6606										
	Tina Johnson	816-287-1528										
	Douglas Schmitt	816-218-1730										
	Michelle Connealy	913-481-3641										
	Samuel Dean	816-218-1039										
	Amy Doll	913-905-8315										
	Erica Froelich	816-292-8789										
	Crystal Howard	816-983-8218										
	Joe Kauten	913-236-2069										
	Andrew McMonigle	913-312-4486										
	Matthew Oldroyd	816-340-7280										
	Jaime Simpson	816-550-9665										
(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Non-home-based office space <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Full-time program manager/administrator <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input checked="" type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" type="checkbox"/> Longer than 2 years' experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year <input type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input checked="" type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount								
	(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation			(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	(4.6.1) Amount: \$9,000.00 (4.6.2) Why: The amount requested is the minimum amount needed to maintain service levels without interruption.						
		(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:					(4.7.1) Fee Type: NA (4.7.2) Amount: \$0		(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	(4.8.1) Unit Type: Unit of Children's Therapy (4.8.2) Rate Per Unit: \$75.92 Notes: See attached Unit Cost letter for further details.		
							<input checked="" type="checkbox"/> No fee for participating in this program				(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2020 <input type="checkbox"/> All expended by the end of June 2021 but expenditures will be evenly distributed to each quarter <input checked="" type="checkbox"/> All expended by the end of June 2021 but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended

SECTION V --- Certifications

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

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

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

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

DocuSigned by: <u>Taylor Westbrook</u> 0FA76BB55A7B4C7...	<u>Grants Coordinator</u>	<u>2/2/2021</u>
Signature – Person Completing the Application	Title	Date
DocuSigned by: <u>Marylune Metheny</u> E7A737AA9D454AB...	<u>Chief Executive Officer</u>	<u>2/2/2021</u>
Signature – President/CEO of the Agency	Title	Date
DocuSigned by: <u>Angela Presnell</u> 9FD7E5DC70514EA...	<u>Board Chair</u>	<u>2/2/2021</u>
Signature – Board of Directors Chair/President	Title	Date

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LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2021-22

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

This application must be received or postmarked by 5:00 p.m., Friday, February 5, 2021
cdbg@cityofls.net

-Development Services, 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 Social Services	(1.17) Program/Project Title:	Operating Expenses
(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:	108 SE 4th Street, Lee's Summit, Mo 64063
(1.4) Agency's Street Address: <i>(PO Box Not Acceptable without City's Consent)</i>	108 SE 4th Street	(1.20) Status: <i>(Check one)</i>	<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 2021-22 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>	80-569-8255	(1.22) Total Estimated Cost:	
(1.7) Total Organization Annual Budget in FY2019-20:	\$ 560,000	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) 2,700. If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____. <input type="checkbox"/> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) _____ clients.
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2020-21:	<i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i> \$ 25,000	(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:	Matt Sanning	(1.25) CDBG Funding Request for 2021-22: <i>(Please round to the nearest dollar)</i>	\$25,000
(1.10) Telephone/Fax:	T: 816-525-4357 F: 816-525-2909	(1.26) In 2021, 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:	matt@lssocialservices.com	(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?	Utility bills, Accounting CPA fees, Client Reporting Software, and insurance
(1.13) Total Annual Federal Grants in FY2019-20:	\$ 0		
(1.14) Program Administrator/ Key Contact Person:	Megan Salerno		
(1.15) Telephone/Fax:	T: 816-525-4357 F: 816-525-2909		
(1.16) Email Address:	megan@lssocialservices.com		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)	Lee's Summit Social Services is an Emergency Assistance agency serving low-income families and individuals in the community with basic necessities. Very careful records are kept and all reports are an unduplicated count of individuals served. CDBG funds have a significant impact on our community in a number of ways. One of the largest annual expenditures continues to be utility and insurance costs incurred through a full-time operation. Grant money received from CDBG continues to allow the agency to be reimbursed for those expenditures and then allocate that money towards the growing need in the community.		

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>	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p> <input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p> <input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
<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>Lee's Summit Social Services was incorporated in March, 1992 as a non-profit agency to benefit low income families and individuals with basic needs such as food, utility and rent assistance, clothing, medical items, school supplies for children and holiday needs.</p> <p>Our Social worker conducts interviews, collects documentation, which the client provides: verification of income to household, current address, picture ID of all adults in household, and social security cards for all residing in household. A budget workup is included in the first visit and as often as needed in subsequent visits.</p> <p>Referrals are made to other agencies as needed. A determination of what course of action is needed for the family, and immediate assistance is given. Major tasks for follow up visits are to see that referrals, if given were acted upon, current changes to household are recorded, budget tips and employment information are discussed and verify that children are enrolled in school.</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure	<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>CDBG funding makes it possible to continue the operation of our programs which serve people who are in need. The increasing number of people finding themselves in need amid the pandemic continues to grow and we provide them their safety net. CDBG funding, which assists with operating expenses, makes it possible to use agency funds to provide basic client needs. Without CDBG funding, many clients would be turned away.</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>	<input type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 (Lowest)	<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p> <input type="checkbox"/> 100% or Close <input type="checkbox"/> About 70-90% <input checked="" type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%	<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>We provide individuals families with basic needs, such as food, utility rent assistance, clothing, personal care and medical items. With the current pandemic, those who are finding themselves in need continues to grow. In order to be able to continue our mission in helping those in need, we must be able to allocate any available funds towards our community and our clients. CDBG funding is critical to keep from turning people away from basic needs.</p>
		<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Outcomes are measured by reports from Mid America Assistance Coalition MA-ACL ink data generated from information on client intakes by Social Worker. These reports measure the number and percentage of clients and the demographics. The reports show LSSS is a safety net.</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 2021-22 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?	
(3.1.1) PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
(3.1.5) OPERATING EXPENSES										
Utilities		\$ 23,040	\$ 8,040	\$	\$ 15,000	\$		\$		\$
Insurance		\$ 27,100	\$ 17,100	\$	\$ 10,000	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$ 4,000	\$ 4,000	\$	\$	\$		\$		\$
(3.1.6) OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$ 54,140	\$ 29,140	\$	\$ 25,000	\$		\$		\$
<i>Notes</i>										

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

FY 2020-21 Actual and Projected Expenses¹ by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses ¹ (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)
\$ 54,140	\$ 54,140	\$ 29,140	\$	\$ 25,000	\$	\$	\$
<i>Notes</i>							

1. 12-month expenses between July 1, 2019 and June 30, 2020

Projections of Program Expenses and Funding Needs for FY 2021-22 through 2022-23*

(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	
2021-22	\$ 56,000	\$ 30,000	\$	\$ 26,000	\$	\$	\$	
2022-23	\$ 58,000	\$ 31,000	\$	\$ 27,000	\$	\$	\$	

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



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

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

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

(4.1) List Key Members of Your Current Board of Directors:	(4.1.1) Name	(4.1.2) Telephone	(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>	Lee's Summit Social Services uses the Mid America Assistant Coalition intake form which requires clients' state and federal identification, all household member names, dates of birth, social security numbers, income, and address verification. Budget workup is done by a social worker and eligibility is determined by income guidelines and emergency need. Assistance is given and referrals are made as needed.		
	Donald Killion	816-876-9794				
	Tom Earley	816-251-4407				
	Chad Anderson	816-797-4639				
	Carmen Spaeth					
	Jeff Silver	816-524-5900				
	John Collins	816-810-3551				
	Ashley Nowell					
	Dr. Syrtiller Kabat	816-524-2527				
	Nick Parker					
	Duane Muckey	816-525-9015				
	Dr. Darryl Nelson					
Kristopher Presnell		(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year			
Roy Wheeler			<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"/> Not sure what we can do with that amount			
(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: (Check all that apply)	<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 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		(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	(4.6.1) Amount	(4.6.2) Why	
					\$ 25,000	To continue to meet the needs of our clients, we want to ensure that we can allocate a majority funds back into the community rather than operating expenses.
				(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	(4.7.1) Fee Type	(4.7.2) Amount
(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)		<p>Verified w/ Megan, will accept any amount</p>			
	<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					
(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2020					
	<input checked="" type="checkbox"/> All expended by the end of June 2021 ¹ but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2022 ² but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended					



SECTION V -- Certifications

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

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

Lee's Summit Social Services

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

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



Megan Salerno

2-5-2021

Signature - Person Completing the Application

Title

Date



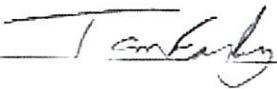
Matt Sanning

2-5-2021

Signature - President/CEO of the Agency

Title

Date



Board of Directors

2-5-2021

Signature - Board of Directors Chair/President

Title

Date

###





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2021-22

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

This application must be received or postmarked by 5:00 p.m., Friday, February 5, 2021
cdbg@cityofls.net

-Development Services, 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 for 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 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:	110 SE Green Street Lee's Summit, MO 64063
(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 2021-22 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:	\$50,830
(1.7) Total Organization Annual Budget in FY2019-20:	\$ 51,801,984	(1.23) # of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) 230 If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) _____ <input type="checkbox"/> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) 295 clients.
(1.8) Total Federal \$\$\$ to be Expended during Agency's FY2020-21: <i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i>	\$ 27,153,070	(1.24) Client Eligibility by CDBG Definition: <i>(Check one)</i>	<input type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input checked="" 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 2021-22: <i>(Please round to the nearest dollar)</i>	\$5,335
(1.10) Telephone/Fax:	T: 816-347-3245 F: 816-347-3200	(1.26) In 2021, 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:	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?	Case management time at Lee's Summit Elementary (including salary, benefits, and overhead at \$19.55/hr.)
(1.13) Total Annual Federal Grants in FY2019-20:	\$ 510,502		
(1.14) Program Administrator/ Key Contact Person:	Astra Garner, LPC		
(1.15) Telephone/Fax:	T: 816-347-3073 F: 816-347-3200		
(1.16) Email Address:	agarner@rediscovermh.org		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)	<p>This project will serve at-risk children in grades K-6 at Lee's Summit Elementary School, including those with specific risks or disparities in access to behavioral health, physical health, violence prevention, academic achievement, housing, or other related risks. ReDiscover will provide assessment, therapy, education, and referrals to children and their families approximately three days each 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. 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. Each year, nearly 2,500 youth access ReDiscover's services agencywide.</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>	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>(2.4) Program Objectives: <i>(Check closest one)</i></p>	<input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)
<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>The target population includes at-risk Lee's Summit Elementary School children (grades K-6), including those with specific risks or disparities in access to behavioral health, physical health, violence prevention, academic achievement, housing, or other related risks. ReDiscover will provide assessment, therapy, education, and referral services to children three days per week. Project staff work with multiple agencies to coordinate services within the home, school, and therapeutic community. The project will maintain an ongoing outreach network of teachers, school staff, parents, and others to identify high-risk children and connect them to these services, including an assessment, social skills groups/therapy, and recommendations for ongoing services for the child and the family. During the 2019-2020 school year, ReDiscover served 233 children through this program. This year, the target population includes 230-240 students and six group sessions per week, usually done as three groups per day, two days per week. It is anticipated that six-to-eight children will participate in each group session. This program is fully integrated into the Lee's Summit School District. School staff engage in weekly supervision at ReDiscover and treatment team meetings. ReDiscover's school-based case manager meets regularly with the school's principal and counselor. The case manager is housed full-time at Lee's Summit Elementary School.</p>	<p>(2.5) Program Outcomes: <i>(Check closest one)</i></p>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
<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>	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 (Lowest)	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
<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>MO Dept of Mental Health MO Medicaid Private Insurance COMBAT Jackson County Community Mental Health Fund Local Foundations Private Donors</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>Economic and environmental stressors (i.e., loss of income or housing and food insecurity, etc.) are negatively impacting Lee's Summit children and their families. Without resources in place, children exhibit the manifestations of these stressors in the form of disruptive or unproductive behaviors in school and/or at home. 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>(2.10) Describe How Outcomes are Measured: <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 amongst peers, and develop a positive relationship with an adult role model. Methods used 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 2021-22 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?	
(3.1.1) PERSONNEL										
Salaries	1	\$ 40,664	\$ 36,829	\$	\$ 3,835	\$		\$		\$
Fringe Benefits	2	\$ 10,166	\$ 8,666	\$	\$ 1,500	\$		\$		\$
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
(3.1.5) OPERATING EXPENSES										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
(3.1.6) OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$ 50,830	\$ 45,495	\$	\$ 5,335	\$		\$		\$
<i>Notes</i>										

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

FY 2020-21 Actual and Projected Expenses¹ by Funding Sources

(3.11) Total Program Budget	(3.12) Total Program Expenses ¹ (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)
\$ 50,830	\$ 50,830	\$ 45,495	\$	\$ 5,335	\$	\$	\$
<i>Notes</i>							

1. 12-month expenses between July 1, 2019 and June 30, 2020.

Projections of Program Expenses and Funding Needs for FY 2021-22 through 2022-23*

(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	
2021-22	\$ 50,830	\$ 45,495	\$	\$ 5,335	\$	\$	\$	230
2022-23	\$ 52,050	\$ 46,587	\$	\$	\$	\$	\$	235

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



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

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

<p>(4.1) List Key Members of Your Current Board of Directors:</p>	(4.1.1) Name	(4.1.2) Telephone	<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>A child can be referred to the program by school personnel (teacher, lunchroom aide, secretary, counselor, etc.), parent, another adult (coach, classroom volunteer), or by the child themselves. Then, a 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>	
	David Bower	(816) 353-4915			
	Jennifer Craig	(816) 347-3245			
	Orlando Gutierrez	(816) 729-9591			
	Laura Ritterbush	(816) 788-5266			
	Kathy Ross	(913) 669-4923			
	Dr. Herbert Dempsey	(816) 260-0568			
	Leonard Jones	(816) 763-3040			
	Chad Hertzog	(816) 365-2207			
	Catherine Singleton	(913) 522-3100			
	Rob Robinson	(913) 271-7308			
	Stephanie Spears	(913) 895-4154			
David Stackelhouse	(816) 478-0385				
Erika Kauffman Wheeler	(816) 305-6172				
<p>(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<input type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> Full-time program manager/administrator <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input type="checkbox"/> Computerized client information system <input type="checkbox"/> Secured client records filing system (for client confidentiality) <input type="checkbox"/> Designated independent financial audit service <input type="checkbox"/> Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		<p>(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <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"/> Not sure what we can do with that amount	<p>(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and</p>	
				(4.6.1) Amount	(4.6.2) Why
				\$ 5,335	The minimum amount of funding needed for this program would be a level sufficient to cover the remaining portion of salary and benefits of the clinical case manager located at Lee's Summit Elementary. ReDiscover covers the difference between the grant and therapist's salary using unrestricted funds.
				<p>(4.7.2) Amount</p>	
				<p>icipating in this program</p>	
				(4.8.1) unit type	(4.8.2) Rate Per Unit
				Case Management	\$ 19.55/hour
				<p>Notes:</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>	<input type="checkbox"/> Meet HUD's requirements (will be verified by the City) Not sure and would need City's assessment to make that determination Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance Do not and will not be able to meet HUD's requirements due to - _____ _____ Have reviewed HUD's requirements, but do not understand them and need further explanation		<p>(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p> <input type="checkbox"/> All expended before the end of 2021 <input type="checkbox"/> All expended by the end of June 2022, but expenditures will be evenly distributed to each quarter <input checked="" type="checkbox"/> All expended by the end of June 2022, 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	

verified they would accept any amount



SECTION V -- Certifications

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

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

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

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

<u>Astra Harmon</u>	VP of Culture and Inclusion	2/1/21
Signature – Person Completing the Application	Title	Date
<u>Jennifer L Cray</u>	President/CEO	1/28/21
Signature – President CEO of the Agency	Title	Date
<u>Scott Sankelkore</u>	300 Chair	1-28-21
Signature – Board of Directors Chair President	Title	Date

