



The City of Lee's Summit
Final Agenda
Community and Economic Development Committee

Wednesday, March 8, 2017

4:30 PM

City Council Chambers

City Hall

220 SE Green Street

Lee's Summit, MO 64063

1. CALL TO ORDER
2. ROLL CALL
3. APPROVAL OF AGENDA
4. APPROVAL OF ACTION LETTER
 - A. [2017-1024](#) Approval of the February 8, 2017 Community and Economic Development Committee meeting minutes.
5. PUBLIC COMMENTS
6. BUSINESS
 - A. [2017-1020](#) The 2017-18 CDBG Annual Action Plan
7. ROUNDTABLE
8. ADJOURNMENT

For your convenience, City Council agendas, as well as videos of City Council and Council Committee meetings, may be viewed on the City's Internet site at "www.cityofls.net".

Packet Information

File #: 2017-1024, **Version:** 1

Approval of the February 8, 2017 Community and Economic Development Committee meeting minutes.

Issue/Request:

Approval of the February 8, 2017 Community and Economic Development Committee meeting minutes.



The City of Lee's Summit
Action Letter - Draft
Community and Economic Development Committee

Wednesday, February 8, 2017

4:00 PM

City Council Chambers

City Hall

220 SE Green Street

Lee's Summit, MO 64063

1. CALL TO ORDER

2. ROLL CALL

Present: 3 - Chairperson Diane Forte
Vice Chair Trish Carlyle
Councilmember Phyllis Edson
Absent: 2 - Councilmember Chris Moreno
Alternate Diane Seif

3. APPROVAL OF AGENDA

A motion was made by Vice Chair Carlyle, seconded by Councilmember Edson, to approve the agenda. The motion carried 3 - 0 (Councilmember Moreno not present).

4. APPROVAL OF ACTION LETTER

- A. [2017-0945](#) Approval of the January 11, 2017 Community and Economic Development Committee Action Report

A motion was made by Councilmember Edson, seconded by Vice Chair Carlyle, to approve the January 11, 2017 CEDC minutes. The motion carried 3 - 0 (Councilmember Moreno not present).

5. PUBLIC COMMENTS

6. BUSINESS

- A. [2017-0943](#) Presentation and Review of Downtown Lee's Summit Main Street Public Service Agreement Scope of Services

ACTION: A motion was made by Vice Chair Carlyle, seconded by Chairperson Forte, to recommended approval of the scope of services and forward the agreement to the Finance and Budget Committee for consideration in the City's FY18 budget. The motion carried by a unanimous vote 4-0 with Councilmember Moreno arriving to the meeting at 4:20 PM..

- B. [2017-0944](#) Presentation and Review of Lee's Summit Economic Development Council Public Service Agreement Scope of Services

A motion was made by Vice Chair Carlyle, seconded by Chairperson Forte, to recommended approval of the scope of services and forward the agreement to the Finance and Budget Committee for consideration in the City's FY18 budget. The motion carried by a 4-0 unanimous vote.

Community and Economic Development Committee

Action Letter - Draft

February 8, 2017

7. ROUNDTABLE
8. ADJOURNMENT

For your convenience, City Council agendas, as well as videos of City Council and Council Committee meetings, may be viewed on the City's Internet site at "www.cityofls.net".

Packet Information

File #: 2017-1020, **Version:** 1

The 2017-18 CDBG Annual Action Plan

Issue/Request:

Staff will present the draft of the 2017-18 Annual Action Plan for the City's Community Development Block Grant (CDBG) program with staff's recommendation on the 2017-18 CDBG grant funds as well as reallocation of remaining CDBG funds from various programs/projects funded in prior years.

Background:

Lee's Summit is an Entitlement City under the Community Development Block Grant (CDBG) program through the U.S. Department of Housing & Urban Development (HUD). An annual grant is provided to the City to meet the 3 national objectives of the CDBG program: 1) Benefiting low-to-moderate income persons, 2) Addressing slum or blight, and 3) Meeting urgent needs. As of this date, staff has not received the final grant amount from HUD. Staff has been instructed to utilize the current program year's grant amount of \$369,299 for planning purposes and make necessary adjustments once the final grant amount is released.

To receive this grant, HUD requires that the City submit an Annual Action Plan each year outlining programs and projects and grant allocation to implement the community goals and objectives established in the City's Consolidated Plan (a 5-year master plan of the program). The City conducts an open public process each year to solicit funding requests from local government and non-profit agencies and prioritize the requests and adopt a plan for implementation of programs and projects approved for funding.

Impact/Analysis:

The CDBG program provides annual funding from the federal government to support local housing and support service programs benefiting low-to-moderate income persons and families, which are normally heavily dependent upon grants, donations and other private resources. The program will also help cover part of the City's administrative costs of operating the CDBG program.

Timeline:

Start: July 1, 2017

Finish: December 31, 2018

Other Information/Unique Characteristics:

Funds allocated for Public Service programs shall be spent prior to June 30, 2018. Funds allocated for construction/other related projects should stick to the 18-month rule based upon the date of the signing of the grant agreement, but may be extended if the project needs additional time to complete.

Committee Recommendation: I move to direct staff to prepare AN ORDINANCE APPROVING THE CITY OF LEE'S SUMMIT ENTITLEMENT COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) 2017-2018 ANNUAL ACTION PLAN and forward to the full City Council for consideration and adoption.



LEE'S SUMMIT
MISSOURI

Community Development Block Grant
2017-2018

Action Plan

May 2017|



Executive Summary

AP-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

This Action Plan covers the program year 2017-2018, the third year of the 2015-2019 Consolidated Plan period of the Community Development Block Grant Program. The 2015-2019 Consolidated Plan identified the following high priority needs:

- Mental Health/Substance Abuse Assistance
- Food Services for Persons of Special Needs
- Affordable Housing and Home Repairs
- Transitional Housing and Domestic Violence Shelters
- Rental Housing - Landlord Awareness/Education
- Sidewalk Improvement in Older Neighborhoods
- Public Transit/Transportation
- Public Facility Improvements for Non-profit Agencies
- Workforce Training Systems
- Commercial Property Improvement for Economic Development
- Expansion of Abuse Center Capacity
- Urgent Needs of LMI Persons and Families
- Assistance for First Time Homebuyers
- Daycare/Respite Care for Persons of Special Needs
- Foster Small Businesses and Startups
- Marketing Social Services
- Housing for the Developmentally Disabled
- Local Emergency Homeless Housing
- Sanitary and Storm Sewer Upgrade

The 2017-18 Action Plan reflects a local partnership between the City government and not-for-profit service and housing agencies to implement the goals and objectives as established in the Consolidated Plan by supporting services, programs and projects that will make a difference in serving the needy. The City followed the established public process that included public awareness campaign, solicitation of CDBG funding requests from local service and housing agencies, evaluation and prioritization of funding needs, a public hearing, a 30-day public review and comment period and the approval of the governing body.

Recommended funding allocation focuses on sustaining on-going programs that have proven to address the critical needs of the community as identified in the Consolidated Plan and to help achieve its goals and objectives. CDBG funds also help agencies to leverage other resources in support of their programs. Funded programs and projects on the non-public-service side focus on the upkeep of the community's affordable housing and home ownership. Public facility improvements funded address ADA compliance and facility maintenance.

The Action Plan draft and funding recommendations were distributed for public review and comment for no less than 30 days prior to the City Council adoption of the plan. A public hearing was held for public input. Public comments, if received, are included in this report.

Due to limited funding from this program, not all the priority needs, as identified in the Consolidated Plan, will be addressed by the programs and projects to be funded this program year. Local agencies are urged to explore alternative resources to support and expand their programs.

2. Summarize the objectives and outcomes identified in the Plan

This could be a restatement of items or a table listed elsewhere in the plan or a reference to another location. It may also contain any essential items from the housing and homeless needs assessment, the housing market analysis or the strategic plan.

Through this plan and its commitment of financial support, the City strives to accomplish the following objectives:

- continue the level of support for agencies and programs that have received CDBG funding in prior years to maintain the level of service benefiting persons with special needs;
- continue to focus on critical services for the homeless, persons and families without the most basic necessities of living;
- continue to support services for victims of domestic violence and persons with mental health and substance abuse issues;
- continue to provide financial assistance to LMI homeowners for the upkeep of their homes and to the local public housing agency to implement its CIP; and
- provide assistance for local public service agencies for urgent facility maintenance

The outcomes of the above listed programs and projects will benefit a total of about 3,205 individuals and households, improve 90 affordable housing units and improve services.

3. Evaluation of past performance

This is an evaluation of past performance that helped lead the grantee to choose its goals or projects.

The majority of the programs and projects included in this Action Plan have been funded and in operation for some years and recent consolidated plan public participation process showed a strong indication that these services continue to meet the high priority needs of the community. Most of these agencies delivering these services have proven to be solid in terms of their performance. The City has established a system of monitoring and evaluation of subrecipient performances and the level of performance have been taken into account during the evaluation and prioritization of funding allocation.

4. Summary of Citizen Participation Process and consultation process

Summary from citizen participation section of plan.

The consultation process and outreach for this Action Plan consists of a public awareness campaign via news releases, a solicitation of requests for funding, a public hearing and a 30-day public review and comment period.

A news release was posted on the City's website on December 19, 2016. The news release specifically stated:

- Applications for the 2017-18 CDBG program year would be available on January 13, 2017;
- Applications would be accepted from January 16 through February 13, 2017; and
- A public hearing would be held on March 8, 2017.

On February 17, 2016, a public notice was published in Lee's Summit Journal announcing the Community and Economic Development Committee public hearing scheduled for March 8, 2016 to hear funding request proposals from local agencies, staff evaluation and prioritization of the proposals, staff funding recommendations, public comments and committee discussions and recommendations for consideration by the full City Council.

The 30-day public review and comment period started on March 17 and ended on April 17. Hard copies were made available for public access at two local public libraries, Lee's Summit Social Services, and City Hall locations. The draft Action Plan was also made available on the City's website. No public comments were received by the City during the public comment period.

5. Summary of public comments

This could be a brief narrative summary or reference an attached document from the Citizen Participation section of the Con Plan.

No public comments were received by the City during the public comment period.

6. Summary of comments or views not accepted and the reasons for not accepting them

No public comments were received.

7. Summary

Through a comprehensive public process, the 2017-18 Action Plan was developed to address the priority needs of the community as identified in the 2015-19 Consolidated Plan and the 2017-18 Community Development Block Grant funds are allocated to support public service programs and non-public service projects/programs that help the community meet the goals and objectives of the Consolidated Plan. During this process, the City realizes that limited CDBG funding, made available to the community through the U.S. Department of Housing and Urban Development, will not address all of the priority needs of the community. Local agencies are working harder than ever to pool other resources so that more needs are met and the community responses have been very supportive of their efforts.

The funding provided through the CDBG program is making a difference for our community and we continue to use this valuable resource to support the most needed programs.

PR-05 Lead & Responsible Agencies – 91.200(b)

1. Agency/entity responsible for preparing/administering the Consolidated Plan

Describe the agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
CDBG Administrator		Planning & Special Projects

Table 1 – Responsible Agencies

Narrative (optional)

Consolidated Plan Public Contact Information

Heping Zhan, AICP

Planning & Special Projects

City of Lee's Summit, MO 64063

T: 816-969-1609

F: 816-969-1619

E: Heping.Zhan@cityofls.net

AP-10 Consultation – 91.100, 91.200(b), 91.215(l)

1. Introduction

The City of Lee's Summit Planning & Special Projects coordinates the consultation process for the Community Development Block Grant Program 2015-2019 Consolidated Plan and the subsequent Annual Action Plans. The consultation process for the Consolidated Plan included information gathering from variety of resources from the state level to the local level using a wide range of methods, analyses of information and data, community awareness campaign, public participation via open meetings, open houses, focus group discussions, public hearings, public review and comment.

The consultation process and outreach for this Action Plan consists of a public awareness campaign via news release, a solicitation of requests for funding, a public hearing and a 30-day public review and comment period.

Provide a concise summary of the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(l))

The City of Lee's Summit has actively worked to meet community needs and coordinate the efforts of those working to serve local residents and businesses. The City has worked closely in consultation, strategic planning as well as in financial support through its CDBG program to community housing, mental health, and service agencies. These agencies include: Lee's Summit Housing Authority, Hillcrest Transitional Housing of Eastern Jackson County, Hope House, Lee's Summit Social Services, ReDiscover, Developing Potential, Inc., Coldwater of Lee's Summit, Community Services League, and Center for Conflict Resolution.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness.

Although Lee's Summit does not currently have an independent agency tasked with assessing the homeless population in and around the city, it has been working toward better coordination with the Homeless Services Coalition of Greater Kansas City (HSCGKC), the designated regional Continuum of Care (CoC) serving the Jackson County, Missouri and Wyandotte County, Kansas area. According to the HSCGKC Point in Time 2016 Survey, 1,452 individuals in the Kansas City metropolitan area were identified as homeless, which includes sheltered and unsheltered individuals and represents an aggregated total of the counted individuals within the CoC's area. This includes Jackson County, Missouri, with the preponderance of services and counted individuals in Kansas City and Independence. This represents a reduction in the number of homeless individuals from 2+ years ago.

In evaluating the role of Lee's Summit in addressing homelessness, HSCGKC and their embrace of the Housing First approach were considered as a means of assessment. Effective attainment of this approach can be measured by the implementation of policy and provision of funding that ultimately leads to the creation of permanent and sustainable housing for all homeless individuals. Within Lee's Summit there are many services in the community that are supported by the City in their efforts to actively prevent and reduce homelessness. The following programs, offered through the City of Lee's Summit's CDBG program, help in the initial housing and home ownership of low- to moderate-income families and to make home repairs for low- and moderate-income families:

- First-Time Homebuyers Program, and
- Minor Home Repair Program.

Other contributors to the prevention of homelessness include:

- Hope House: An emergency shelter in Lee's Summit that serves victims of domestic violence, including children.
- ReDiscover Mental Health: Provides mental health services to individuals as well as families in different settings.
- Hillcrest Transitional Housing: Works to house homeless individuals, families, and youths in an environment that encourages working and the development of life skills.
- Lee's Summit Social Services: Provides emergency assistance to low-to moderate-income individuals and families.
- Lee's Summit Housing Authority: Local public housing agency.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards for and evaluate outcomes of projects and activities assisted by ESG funds, and develop funding, policies and procedures for the operation and administration of HMIS

Lee's Summit does not receive ESG funds.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdiction's consultations with housing, social service agencies and other entities

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	Coldwater of Lee's Summit
	Agency/Group/Organization Type	Services-Children
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was notified of the funding application process, submitted funding requests to meet high priority special needs, and attended the public hearing. The agency's funding request is funded and the supported program will benefit persons in need of service.
2	Agency/Group/Organization	HOPE HOUSE, INC
	Agency/Group/Organization Type	Services-Victims of Domestic Violence
	What section of the Plan was addressed by Consultation?	Homeless Needs - Families with children Non-Homeless Special Needs
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was notified of the funding application process, submitted funding requests to meet high priority special needs, and attended the public hearing. The agency's funding requests are funded and the supported program will benefit persons in need of service.
3	Agency/Group/Organization	LEE'S SUMMIT SOCIAL SERVICES
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-homeless
	What section of the Plan was addressed by Consultation?	Food, clothing, school supplies, utility assistance, etc.

	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was notified of the funding application process, submitted funding requests to meet high priority special needs, and attended the public hearing. The agency's funding request is funded and the supported program will benefit persons in need of service.
4	Agency/Group/Organization	REDISCOVER MENTAL HEALTH
	Agency/Group/Organization Type	Services-Health
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was notified of the funding application process, submitted funding requests to meet high priority special needs, and attended the public hearing. The agency's funding requests are funded and the supported program will benefit persons in need of service.
5	Agency/Group/Organization	Center for Conflict Resolution
	Agency/Group/Organization Type	conflict mediation service
	What section of the Plan was addressed by Consultation?	Prevention of crime and conflict
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was notified of the funding application process, submitted funding requests to meet high priority special needs, and attended the public hearing. The agency's funding request is funded and the supported program will benefit persons in need of service.
6	Agency/Group/Organization	LEE'S SUMMIT HOUSING AUTHORITY
	Agency/Group/Organization Type	PHA
	What section of the Plan was addressed by Consultation?	Public Housing Needs
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was notified of the funding application process, submitted funding requests to meet high priority special needs, and attended the public hearing. The agency's funding request is funded and the supported program will benefit persons in need of service.

Identify any Agency Types not consulted and provide rationale for not consulting

N/A.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	Homeless Services Coalition of Greater Kansas City	The Strategic Plan supports the overall goals of the plan of the CoC.

Table 3 – Other local / regional / federal planning efforts

Narrative (optional)

AP-12 Participation – 91.105, 91.200(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

A press release was posted on December 19, 2016. The press release specifically stated:

- Applications for the 2017-18 CDBG program year would be available online on January 13, 2017;
- Applications would be accepted from January 16 through February 17, 2017; and
- A public hearing would be held by the City Council Community and Economic Development Committee on March 8, 2017.

A legal public notice was published in Lee's Summit Journal for the public hearing. The public hearing provided an opportunity for public participation and the 30-day public comment period from March 17 through April 17 before the City Council approval of the final plan gave the public another opportunity to review the information and submit input.

Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Internet Outreach	Non-targeted/broad community	Public awareness/informational campaign only.	No comments received. Public information only.	No comments received. Public information only.	http://cityofls.net/City-of-Lees-Summit/articleType/ArticleView/articleId/3895/CDBG-Application-Forms-Available-Online-Beginning-Jan-13-for-Program-Year

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
2	Public Hearing	Non-targeted/broad community	All funding applicants presented their programs and funding requests during the public hearing. Staff presented application review and prioritization results and funding allocation recommendations.	No public comments were received during the hearing.	No public comments were received during the hearing.	
3	Public review and comment	Non-targeted/broad community	Draft Action Plan with Funding Allocation Recommendations were made available at various public places/locations.	No public comments were received during the public comment period.	No public comments were received during the public comment period.	http://cityofls.net/Development/Development-News/articleType/ArticleView/articleId/180/Community-Development-Block-Grant-Highlights

Table 4 – Citizen Participation Outreach

Expected Resources

AP-15 Expected Resources – 91.220(c) (1, 2)

Introduction

The Community Development Block Grant is the only known resource to be available to the City of Lee's Summit from various federal resources to address the identified community needs. Local agencies will have opportunities to apply for the ESG grant through the State of Missouri. Public housing needs may also be met with other HUD grants to be awarded to the Lee's Summit Housing Authority. Local agencies will continue to make efforts and explore new funding sources for their programs to meet client needs.

Priority Table

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	369,299	0	12,856	382,155	0	CDBG allocation expected for program year 2017-18. Surplus funds unexpended from prior years will also be available for redistribution.
General Fund	public - local	Admin and Planning	0	0	0	0	0	

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Public Housing Capital Fund	public - federal	Housing	0	0	0	0	0	
Other	private	Housing	0	0	0	0	0	
Other	private	Public Services	0	0	0	0	0	

Table 5 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

The CDBG funding is leveraged with other resources for most of our programs. For CDBG, the City will continue to cover a lot of the administrative cost with its general fund. Lee's Summit Housing Authority leverages other federal funds for capital expenses. Other subrecipients combine CDBG allocations with a variety of other funding sources, including in-kind donations, local grants, local churches, local charities, private foundations, private fundraising, State funding resources, etc. The City will not require funding match for any of the CDBG funded programs and projects.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

N/A.

Discussion

No further discussion.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives - 91.420, 91.220(c)(3)&(e)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	CDBG Program Planning/Administration	2015	2019	Planning and Administration	Communitywide	CDBG Administration and Planning	CDBG: \$30,000	Other: 1 Other
2	Food Services for Persons with Special Needs	2017	2019	Non-Homeless Special Needs	Communitywide	Food Services for Persons of Special Needs	CDBG: \$5,750	Public service activities other than Low/Moderate Income Housing Benefit: 23 Persons Assisted
3	Services for Victims of Domestic Violence	2015	2019	Homeless Non-Homeless Special Needs	Communitywide	Mental Health/Substance Abuse Assistance	CDBG: \$17,875	Public service activities other than Low/Moderate Income Housing Benefit: 54 Persons Assisted
4	Emergency Needs of LMI Persons/Families	2015	2019	Non-Homeless Special Needs	Old Town Area Communitywide	Urgent Needs of LMI Persons and Families	CDBG: \$27,000	Public service activities other than Low/Moderate Income Housing Benefit: 2897 Persons Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
5	Services for Mental Health and Substance Abuse	2015	2019	Non-Homeless Special Needs	Old Town Area Communitywide	Mental Health/Substance Abuse Assistance	CDBG: \$4,050	Public service activities other than Low/Moderate Income Housing Benefit: 128 Persons Assisted
6	Public Housing	2015	2019	Affordable Housing Public Housing	Old Town Area	Affordable Housing and Home Repairs	CDBG: \$146,760	Rental units rehabilitated: 76 Household Housing Unit
7	Home Repairs	2015	2019	Affordable Housing	Communitywide	Affordable Housing and Home Repairs	CDBG: \$150,000	Homeowner Housing Rehabilitated: 15 Household Housing Unit

Table 6 – Goals Summary

Goal Descriptions

1	Goal Name	CDBG Program Planning/Administration
	Goal Description	Various activities and associated expenses for the general administration of the CDBG program, including planning activities as allowed by HUD regulations.
2	Goal Name	Food Services for Persons with Special Needs
	Goal Description	Coldwater of Lee's Summit partners with Harvesters and the Lee's Summit School District to provide weekend backpacks of food to chronically hungry children within the Lee's Summit School District who are part of the free and reduced lunch population.

3	Goal Name	Services for Victims of Domestic Violence
	Goal Description	Hope House provides emergency shelter and services for moms and children running away from domestic violence. The agency expressed a continuing need financially to support its Children's Therapy services.
4	Goal Name	Emergency Needs of LMI Persons/Families
	Goal Description	Lee's Summit Social Services provides food, clothing, supplies, rental assistance, medical assistance to LMI persons with emergency needs. The Agency needs financial support for its operation by filling the budget gap in its operating cost. Center for Conflict Resolution supports individuals and families of LMI in resolving conflicts.
5	Goal Name	Services for Mental Health and Substance Abuse
	Goal Description	Agencies providing services for persons with mental health issues and substance abuse problems expressed a need for financial support to its programs to meet an unmet community need.
6	Goal Name	Public Housing
	Goal Description	Provide assistance to Lee's Summit Housing Authority for its interior unit rehab project at its Lee Haven and Duncan Estates public housing complexes.
7	Goal Name	Home Repairs
	Goal Description	Continue to fund the minor home repair program to provide financial assistance to LMI homeowners who need critical repairs to their homes. This also implements the community's strategy for the upkeep of the affordable housing stock.

Table 7 – Goal Descriptions

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.215(b):

AP-35 Projects – 91.220(d)

Introduction

This program year, Lee's Summit continues to support existing on-going programs by providing same level of CDBG funding to public service agencies as in previous years. Due to the 15% cap for public service activities, the allocated funding for these programs is lower than the level of support the public service agencies requested. On the non-public-service side, the City maintains the level of funding for its minor home repair program. The City continues to work with Lee's Summit Housing Authority to make needed updates of its residential units for sustainability and energy efficiency.

#	Project Name
1	CDBG Planning & Administration
2	BackSnack Program
3	Children's Therapy Services
4	Lee's Summit Social Services Operating Expenses
5	Parenting with Love and Logic
6	Case Management for At-Risk Elementary Children
7	Community Mediation
8	Interior Unit Rehab
9	Minor Home Repair Program

Table 8 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

Projects

AP-38 Projects Summary

Project Summary Information

Table 9 – Project Summary

1	Project Name	CDBG Planning & Administration
	Target Area	Communitywide
	Goals Supported	CDBG Program Planning/Administration
	Needs Addressed	CDBG Administration and Planning
	Funding	CDBG: \$30,050
	Description	Various activities and associated expenses for the general administration of the CDBG program, including planning related activities as allowed by HUD regulations.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Various expenses associated with general administration of the CDBG program.
2	Project Name	BackSnack Program
	Target Area	Communitywide
	Goals Supported	Emergency Needs of LMI Persons/Families

	Needs Addressed	Food Services for Persons of Special Needs
	Funding	CDBG: \$3,250
	Description	Provide free bagged lunches through the BackSnack program of Harvesters for chronically hungry school children.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Provide backpacks of free lunches to school children for weekends.
3	Project Name	Children's Therapy Services
	Target Area	Communitywide
	Goals Supported	Services for Victims of Domestic Violence
	Needs Addressed	Transitional Housing & Domestic Violence Shelters
	Funding	CDBG: \$17,400
	Description	Provide services focusing 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 emotions.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Sessions providing therapy for children exposed to violence.

4	Project Name	Lee's Summit Social Services Operating Expenses
	Target Area	Communitywide
	Goals Supported	Emergency Needs of LMI Persons/Families
	Needs Addressed	Urgent Needs of LMI Persons and Families
	Funding	CDBG: \$25,000
	Description	Provide CDBG funding to assist with the agency's operating cost, including utilities, communication services and vehicle usage and maintenance.
	Target Date	7/10/2018
	Estimate the number and type of families that will benefit from the proposed activities	It is estimated that approximately 2,857 unduplicated individuals will benefit from services rendered by this agency and this program. This number is based upon the recommended funding allocation and the agency's past performance. All individuals and families served will be low- to moderate-income.
	Location Description	
	Planned Activities	Providing emergency assistance to persons and families who need food, clothing, utility assistance, medical assistance, school supplies, etc.
5	Project Name	Parenting with Love and Logic
	Target Area	Communitywide
	Goals Supported	Services for Mental Health and Substance Abuse
	Needs Addressed	Mental Health/Substance Abuse Assistance
	Funding	CDBG: \$800
	Description	Provide scholarship for parents taking classes on becoming empowered in their interactions with their children at risk.
	Target Date	

	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Classes by certified instructors.
6	Project Name	Case Management for At-Risk Elementary Children
	Target Area	Old Town Area
	Goals Supported	Services for Mental Health and Substance Abuse
	Needs Addressed	Mental Health/Substance Abuse Assistance
	Funding	CDBG: \$2,640
	Description	A school-based program to provide needed counseling for elementary students identified to be at-risk.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Case management at elementary school.
7	Project Name	Community Mediation
	Target Area	Communitywide
	Goals Supported	Emergency Needs of LMI Persons/Families
	Needs Addressed	Urgent Needs of LMI Persons and Families
	Funding	CDBG: \$900

	Description	Financial assistance to individuals of Lee's Summit residence for mediation services provided by Center for Conflict Resolution for conflict resolution.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Professional facilitators and trained community volunteers help parties solve conflict in just and peaceful ways.
8	Project Name	Interior Unit Rehab
	Target Area	Old Town Area
	Goals Supported	Public Housing
	Needs Addressed	Affordable Housing and Home Repairs
	Funding	CDBG: \$146,760
	Description	Interior rehabilitation of 76 units in Lea Haven and Duncan Estates to include: ADA improvements in bathrooms; water conserving plumbing upgrades; and the replacement of interior doors, toilets, showers/tubs, lavatories, and flooring.
	Target Date	12/31/2018
	Estimate the number and type of families that will benefit from the proposed activities	Renovations are planned for 76 units and will affect 90 residents. All residents are low- to moderate-income.
	Location Description	The units to be rehabilitated are within the Lea Haven and Duncan Estates complexes.

	Planned Activities	Interior rehabilitation of 76 units in Lea Haven and Duncan Estates to include: ADA improvements in bathrooms; water conserving plumbing upgrades; and the replacement of interior doors, toilets, showers/tubs, lavatories, and flooring.
9	Project Name	Minor Home Repair Program
	Target Area	Communitywide
	Goals Supported	Home Repairs
	Needs Addressed	Affordable Housing and Home Repairs CDBG Administration and Planning
	Funding	CDBG: \$150,000
	Description	Provide minor exterior repairs and minor private sanitary sewer repairs to eligible homeowners.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Provide grants up to \$10,000 for minor exterior home repairs and up to \$3,000 for minor private sanitary sewer repairs for LMI households in Lee's Summit.

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

The programs to be funded target LMI persons and families and persons with special needs regardless of their location in Lee's Summit. The majority of the agencies to receive CDBG funding are located within or immediately adjacent to the old town area of the community.

Geographic Distribution

Target Area	Percentage of Funds
Old Town Area	
Communitywide	100

Table 10 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

Generally, there is no priority given based on geographic location. The programs/projects are funded to serve the needs of targeted clients regardless of geographic locations, so long as the clients are Lee's Summit residents. Some services go beyond the city limits.

Discussion

The City identified three different Geographic Distribution Target Areas for the purpose of the Consolidated Plan: Downtown, Old Town Area and Communitywide. However, the programs and services to be supported through the CDBG program target the populations that the CDBG program is designed for, without an obvious emphasis on the geographic locations of the clients. As shown above, the City intends to allocate funding for programs and services that do not specifically have a geographic focus. However, most of these programs and services benefit the population located in the Downtown and Old Town Area.

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

For the 2017-18 Action Plan, the City anticipates supporting the LSHA and Minor Home Repair Programs at levels specified in the projects section of the plan. This means that the City expects to benefit approximately 76 households through the LSHA interior rehab program and 15 households through the Minor Home Repair Program.

The Minor Home Repair Program has been an on-going activity of the City, providing support to LMI homeowners for needed exterior repairs and emergency repairs to private sewer system.

One Year Goals for the Number of Households to be Supported	
Homeless	0
Non-Homeless	91
Special-Needs	0
Total	91

Table 11 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance	0
The Production of New Units	0
Rehab of Existing Units	91
Acquisition of Existing Units	0
Total	91

Table 12 - One Year Goals for Affordable Housing by Support Type

Discussion

The Minor Home Repair program is a multi-year program and it is anticipated that during the program year of 2017-18, additional homeowners will be assisted utilizing prior year funds as they come in the process. The anticipated goals referenced above do not reflect these beneficiaries.

AP-60 Public Housing – 91.220(h)

Introduction

The vision of the Lee's Summit Housing is to "Create new communities where children, families, seniors, individuals with disabilities and veterans can increase their opportunity for a better life". The mission of the Lee's Summit Housing Authority is to fulfill the need for decent, safe and affordable housing for low to moderate income seniors and families residing in Lee's Summit; to provide quality living environments; to create partnerships for affordable housing opportunities; to promote a people-oriented organization that encourages and supports the families we serve.

Strategic Goals:

- Develop a reputation of effective leadership as an advocate for affordable housing.
- Collaborate with community organizations to expand the supply of affordable housing opportunities.
- Continue to improve operations necessary to remain a high-performing and financially strong organization.
- Protect and improve existing housing stock in the community.
- Foster the growth of our employees to promote an organization recognized for our integrity, accountability and customer service.

Actions planned during the next year to address the needs to public housing

The Lee's Summit Housing Authority (LSHA) has adopted the following action strategies to address the needs of Public Housing:

9.1 Strategy for Addressing Housing Needs

- Apply for additional rental vouchers (as they may become available through HUD) and actively administrate the Section 8 Housing Choice Voucher Program.
- Reduce public housing vacancies (vacancy rate of less than >2%) to ensure all units are being utilized
- Explore leveraging public and private funds to create additional housing opportunities
- Collaborate with the City of Lee's Summit, Jackson County, other for-profit and non-profit organizations in the development of affordable housing
- Participate in Housing Affordability Market Studies
- Collaborate with the Lee's Summit Economic Development Council
- Acquire or build units or developments (and explore management of other housing programs)
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- Develop strategies and carry out necessary physical improvements to improve energy efficiencies in public housing units.
- Affirmatively market to races/ethnicities shown to have disproportionate housing needs (Consolidated Plan)
- Explore designation of public housing units for the elderly
- Explore admissions preferences aimed at working families
- Conduct physical needs assessments, energy audits and other applicable reviews as necessary for proper planning
- Renovate and modernize existing public housing units; maintaining safe, decent and affordable housing
- Employ effective management and maintenance policies

Reasons for Selecting Strategies

- Housing needs identified in the CDBG Consolidated Plan for the City of Lee's Summit 2015 – 2019
- Local housing markets / resources / current affordable housing stock
- CHAS Data
- Census Data
- Collaboration with the City of Lee's Summit
- Housing Needs Identified in 2014 Lee's Summit Housing Affordability Analysis
- Consultation with residents and advisory board

Needs Identified:

Physical Needs: LSHA has identified needed physical improvements and modernization activities that will improve the quality of life for residents through improved living environments, increased energy efficiency and ensuring long-term viability of the existing public housing stock. These activities are detailed in the 5-Year Plan covering the period of 2015-2019 as follows:

- Renovate Bathrooms 18-units;
- Repair structural Issues 4-buildings;
- Replace Appliances Utilizing Energy Star 91-units;
- Replace Exterior Primary Doors with energy efficient 50-units;
- Interior Rehab (occupied units) 50-units;
- Exterior Rehab 33-buildings;
- Replace Water Lines (Lee Haven) 50-units;
- Site Improvements PHA-wide;

Operational Needs: LSHA has identified needed operational improvements necessary to maintain a high performing agency. These include costs associated with housing operations and computer/software/IT

services.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

The Lee's Summit Housing Authority has a Resident Housing Commissioner appointed to serve on the Board of Housing Commissioners. Lee's Summit Mayor, Randy Rhodes appointed Ms. Kathern Kelsey to serve as a Commissioner of the Housing Authority. Ms. Kelsey, a Resident of Duncan Estates, was appointed on June 18, 2015, for a term ending May 4, 2017. Ms. Kelsey is a welcomed addition to the Housing Authority Board of Commissioners and she will bring a unique perspective and insight to the Board. The Lee's Summit Housing Authority keeps open communications with the residents through a monthly news-letter and twice monthly pot-luck dinners. Residents are also engaged by LSHA management and Board Members. The Lee's Summit Housing Authority maintains an "open door" policy for residents to voice their concerns.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

The Lee's Summit Housing Authority is designated a High Performing Agency by HUD through its Public Housing Management Assessment and Section Eight Management Assessment Programs. LSHA is not designated as "Troubled".

Discussion

Many of the strategies and goals for long-term viability and objectives for addressing the needs of the Lee's Summit Housing Authority and the greater Community are taken directly from the information, strategies and objectives identified in the City of Lee's Summit Consolidated Plan and as may also be identified in additional "Studies" such as the Old Lee's Summit Development Master Plan and Housing Affordability Analysis 2014 and previous and subsequent studies (Census, CHAS, etc.).

Many of the physical and operational improvements identified in LSHA's 5-Year Plan are contingent upon current and future funding through the CDBG Program, HUD Funding (CFP & OPFND) and, PILOT waiver by the City.

Many of the strategies to address the need for developing affordable housing opportunities and solutions for the growing Senior population, Veterans and low to moderate income families is dependent upon cooperation by the City of Lee's Summit, the Business Community, Private and Public Investment and the greater Community support.

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

For the 2017-18 Action Plan, the City anticipates supporting the homeless and special needs populations by the continued support to local public services and domestic violence shelters such as Hope House, ReDiscover, Lee's Summit Social Services, and other local agencies that offer food and nutrition to persons with special needs.

Coldwater of Lee's Summit has requested funds to continue the support of the "BackSnack Program". This program provides nutritional needs of hungry children. Hope House is continuing its "Children's Therapy Services Program". Lee's Summit Social Services requests continued financial support for their agency by covering a portion of their general operating expenses. ReDiscover has requested funds for its "Parenting with Love and Logic" Program and "Case Management for At-risk School Children". Center for Conflict Resolution provides consultation services for its clients tangled in disputes and conflicts to move to resolution. CDBG funds will help the agency to offer such service to individuals who do not have the financial means to receive such service.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Will coordinate and work with CoC for its outreach and assessment efforts.

Addressing the emergency shelter and transitional housing needs of homeless persons

The City's strategy for addressing the emergency and transitional housing needs of people who are homeless or at risk of homelessness includes sustained funding that maintains existing shelters and services, through the allocation of Community Development Block Grant resources to local entities that leverage further resources for that purpose. Coordination among different agencies and service providers to assist the homeless and prevent homelessness will be led by the Homeless Services Coalition of Greater Kansas City (HSCGKC). The Jackson County Continuum of Care (CoC) will engage and coordinate resources to improve current programs and funding strategies.

- **Emergency Shelters & Services**—Currently, Lee's Summit does not provide permanent shelters for chronic homeless. Shelters and services in the network of the CoC provide coverage for the region including Lee's Summit. However, emergency shelters are available for domestic violence victims and their children and transitional housing is available for short-term homeless.
- Hope House is a domestic violence shelter providing outreach counseling and emergency shelter for victims of domestic violence (women and their children). It also provides group and

individual therapy to victims in Lee's Summit. The City will continue to support its service needs with CDBG funds in 2017-18.

- ReDiscover Mental Health, Inc. provides temporary shelter for homeless persons in two apartments within Lee's Summit. This program operates two respite apartment services for mentally ill adults who have a housing crisis and need temporary shelter. The City will continue to support the agency's service needs in the 2017-18 program year with CDBG allocations.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The City's strategy for helping people who are homeless, particularly the chronically homeless, transition to stable housing and independent living focuses on better coordination with the Jackson County CoC while maintaining the level of appropriate supportive services and the number of units of permanent supportive housing provided by local agencies. Needs associated with this stage of the process are largely addressed by non-profit organizations like Hillcrest Transitional Housing and local churches. Local churches often provide similar services without any assistance from the CDBG Program, but nonetheless play an important role in helping homeless individuals and families make the transition to permanent housing.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.

Prevention initiatives play a central role in short term and long term strategies to help low-income individuals and families avoid becoming homeless. Local agencies providing housing assistance and emergency shelters have already built into their programs homeless prevention counseling for the people and families they serve. In the 2017-18 program year, the City will direct CDBG funds to several of these programs to alleviate budget shortage. In the meantime, CDBG support will also benefit local agencies and programs that provide services targeting LMI persons and persons with special needs for housing, health, and other social services.

Discussion

One year goals for the number of households to be provided housing through the use of HOPWA for:
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family
Tenant-based rental assistance
Units provided in housing facilities (transitional or permanent) that are being developed, leased, or operated
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds
Total

AP-75 Barriers to affordable housing – 91.220(j)

Introduction

The City of Lee's Summit's adopted public policies and standards pertaining to development as well as housing development and residential investment in the community are designed and updated to promote and protect community values, to ensure quality, to improve sustainability, to protect property values and investments, and to provide equal opportunities for all. The City does not and will not endorse and put in place any public policies that will prevent investment and development of affordable housing.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

During the 2017-18 Program Year, the City of Lee's Summit plans to continue the support of the largely successful activity that is known as the City's Minor Home Repair Program. The City will also continue to evaluate and update the zoning ordinance, Unified Development Ordinance (UDO), and Comprehensive Plan as needed.

Discussion

AP-85 Other Actions – 91.220(k)

Introduction

Coordination of services is extremely important to ensure services are provided efficiently and effectively, especially when resources are scarce.

Actions planned to address obstacles to meeting underserved needs

The major obstacle to meeting underserved needs is limited funding. The City will continue to encourage public service agencies to actively explore and pursue new funding opportunities. The City will also continue to explore and participate in regional solutions to some of the underserved needs.

Actions planned to foster and maintain affordable housing

Funded programs and projects through the CDBG program for housing related repairs and rehabilitation meet the goal of sustaining the community's affordable housing stock and improving the conditions. In addition, the City will continue to foster and maintain affordable housing through implementation of the Comprehensive Plan that promotes housing varieties and sustainable development.

Actions planned to reduce lead-based paint hazards

- Continue to educate the public regarding the danger of lead-based paint hazards.
- Continue to enforce the requirement for residential rehabilitation contractors to be properly licensed when taking on residential rehabilitation projects.
- Continue to perform lead-based paint hazard inspections when appropriate for CDBG funding Minor Home Repair and First-Time Homebuyer programs.

Actions planned to reduce the number of poverty-level families

The City will focus on economic development by:

- Increase business activities.
- Expand employment opportunities.
- Foster small business and startups.
- Invest in needed public infrastructure improvement for economic development.
- Encourage and incentivize business expansion and new business activities.
- Continued to support private agencies for services to help poverty-level population to get on their feet.

Actions planned to develop institutional structure

The City will continue to improve the institutional structure to better serve the needs of the community. Inter-agency coordination will continue to be the focus in order to improve efficiency and avoid duplication of efforts.

Actions planned to enhance coordination between public and private housing and social service agencies

- Continue to provide training for agencies receiving CDBG funding.
- Continue to encourage agencies, private or public, to communicate and coordinate.
- Continue to monitor CDBG subrecipients on performance and provide technical support as needed.

Discussion

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction

The City's CDBG funded programs and projects are not intended to generate any program income up to today. Funds returned to the line of credit have been normally a result of programs and projects completed or cancelled with a balance of unused funds.

Community Development Block Grant Program (CDBG) Reference 24 CFR 91.220(I)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan.	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan	0
5. The amount of income from float-funded activities	0
Total Program Income:	0

Other CDBG Requirements

1. The amount of urgent need activities	0
2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan.	80.00%

Discussion

CDBG Applications And Funding Request Summary Tabulation

CDBG Program Year 2017-18

HUD 2017-18 CDBG Grant For Lee's Summit			\$369,299.00	\$369,299.00	Prior Year Funds Available for Reallocation \$12,856.31
Type/Dept	Applicant	Project Description	Capped Amount/Request	Staff Recomm.	
Planning & Administration (20% Cap)			\$73,859.80	\$73,859.80	This is the capped amount for planning and Admin
P&A1	City of Lee's Summit	CDBG Program Administration	\$40,000.00	\$30,000.00	
Subtotal			\$40,000.00	\$30,000.00	This is total requested amount in this category
Public Services (15% Cap)			\$55,394.85	\$55,394.85	This is capped amount. for public services
PS1	Coldwater of Lee's Summit	BackSnack Program - Provide for nutritional needs of hungry children	\$6,000.00	\$5,750.00	
PS2	Hope House, Inc	Children's Therapy Services	\$20,000.00	\$17,874.85	
PS3	Lee's Summit Social Services	Operating Expenses	\$28,000.00	\$25,000.00	
PS4	ReDiscover	Parenting with Love and Logic Program	\$1,124.00	\$800.00	
PS5	ReDiscover	Case Management - Assessment, therapy, education, and referral for at-risk youth	\$6,906.00	\$3,970.00	
PS6	Center for Conflict Resolution	Community Mediation	\$3,000.00	\$2,000.00	This is total requested amount in this category
Subtotal			\$65,030.00	\$55,394.85	
		Difference between 2017 PS capped amount and request	(\$9,635.15)	\$0.00	
Other (No Cap)/Remaining Amount			\$286,760.46	\$296,760.46	No cap for other programs
OTH1	Lee's Summit Housing Authority	Interior Unit Rehab	\$150,000.00	\$146,760.46	
OTH2	City of Lee's Summit	Minor Home Rerpair - for LMI homeowners	\$150,000.00	\$150,000.00	
Subtotal			\$300,000.00	\$296,760.46	
		Difference between 2017 OTH amount and request	(\$13,239.54)	\$0.00	
Request Grand Total			\$405,030.00	\$382,155.31	



LEE'S SUMMIT
MISSOURI

RECEIVED

FEB - 7 2017

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2017-2018

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 17, 2017
~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

SECTION I -- Summary

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

(1.1) Applicant Agency Name:	City of Lee's Summit	(1.17) Program/Project Title:	CDBG Administration
(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:	220 SE Green
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	220 SE Green St	(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 2017-18 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)	030715478	(1.22) Total Estimated Cost:	\$60,000
(1.7) Total Organization Annual Budget in FY2016-17:	\$N/A	(1.23) # of Unduplicated Clients (persons/families) to be Served in the year:	N/A
(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17: (If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)	\$	(1.24) Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input checked="" type="checkbox"/> None of the Above
(1.9) Executive Director:		(1.25) CDBG Funding Request for 2016-17: (Please round to the nearest dollar)	\$40,000
(1.10) Telephone/Fax: T: F:		(1.26) In 2017, 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:		(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?	All CDBG Administration Related Costs
(1.13) Total Annual Federal Grants in FY2016-17:	\$N/A		
(1.14) Program Administrator/ Key Contact Person:	Heping Zhan		
(1.15) Telephone/Fax: T: 969-1609 F: 969-1619			
(1.16) Email Address:	Heping.Zhan@cityofls.net		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)	Administration of the CDBG program requires varieties of activities to be performed to be in compliance with the Federal regulations and City standards. These activities incur soft as well as hard cost throughout the year.		

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*</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input checked="" type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>(2.4) Program Objectives: (Check closest one)</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 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: (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.)</p>	<p>Administration of the CDBG program requires varieties of activities to be performed to be in compliance with the Federal regulations and City standards. City needs to use staff and other resources to operate the program.</p>	<p>(2.5) Program Outcomes: (Check closest one)</p>	<p><input type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input 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: (Do not assign a same priority rating to more than one funding requests.)</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 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 2017 will be Different: (More details needed next page)</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>(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><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>	
<p>(2.10) Describe How Outcomes are Measured: (System and methods have been/will be used.)</p>		<p>N/A</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. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 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		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$	\$	\$	\$40,000	\$		\$		\$
Notes		Requested funds will be used to cover any cost associated with the administration of the program in compliance with regulations.								

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

FY 2016-2017 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)
\$	\$	\$	\$	\$	\$	\$	\$
Notes							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$	\$	\$	\$	\$	\$	\$	
2019-20	\$	\$	\$	\$	\$	\$	\$	
2020-21	\$	\$	\$	\$	\$	\$	\$	
2021-22	\$	\$	\$	\$	\$	\$	\$	

*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>		
(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	<input type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> 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		(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 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 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 \$	(4.6.2) Why
			(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	(4.7.1) Fee Type	(4.7.2) Amount
			(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	(4.8.1) Unit Type	(4.8.2) Rate Per Unit \$ \$
			(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input type="checkbox"/> All expended before the end of 2017 <input type="checkbox"/> All expended by the end of June 2018, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2018, 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.

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

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

Signature – Person Completing the Application

Title

Date

Signature – President/CEO of the Agency

Title

Date

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 2017-2018

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 17, 2017
~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64083~

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

RECEIVED

SECTION I --- Summary

FEB 16 2017

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

(1.1) Applicant Agency Name: Coldwater of Lee's Summit		Planning & Codes Admin	
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.17) Program/Project Title: Harvesters' BackSnacks	<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"/>	(1.18) Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	501 NE Missouri Road	(1.19) Program Service Address:	Meadow Lane Elementary, 1421 NE Independence, LS, MO 64086 Hazel Grove Elementary, 2001 NW Blue Pkwy, LS, MO 64083 Westview Elementary, 200 NW Ward Rd, LS, MO 64083 Woodland Elementary, 12709 Smart Rd., LS, MO 64088 Greenwood Elementary, 805 W Main, Greenwood, MO 64034 Cedar Creek Elementary, 2600 SW 3 rd St., LS, MO 64081 Summit Ridge Academy, 2620 SW Ward Rd, LS, MO 64082
(1.5) City/State/Zip:	Lee's Summit, MO 64086	(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
(1.6) Agency's DUNS #: (Required. If your agency does not have one, apply for one)	035407579	(1.21) The Plan for 2017-18 is: (Check one)	<input type="checkbox"/> To keep the service at the current level <input checked="" type="checkbox"/> To expand the service above the current level <input type="checkbox"/> To reduce the service below the current level <input type="checkbox"/> N/A
(1.7) Total Organization Annual Budget in FY2016-17:	\$ 177,050	(1.22) Total Estimated Cost:	\$47,500
(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17: (If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)	\$ 3,250	(1.23) # of Unduplicated Clients (persons/families) to be Served in the year:	190
(1.9) Executive Director:	Monica Humbard	(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
(1.10) Telephone/Fax:	T:816-786-0758 F:816-282-0004	(1.25) CDBG Funding Request for 2016-17: (Please round to the nearest dollar)	\$6,000
(1.11) Email Address:	director@coldwater.me	(1.26) In 2017, 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
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.13) Total Annual Federal Grants in FY2016-17:	\$ 3,250	(1.28) Specifically what will CDBG Funds Pay For?	Harvesters' BackSnacks backpacks of food for weekend for 24 students during the school year
(1.14) Program Administrator/ Key Contact Person:	Monica Humbard		
(1.15) Telephone/Fax:	T:816-786-0758 F:816-282-0004		
(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 backpacks of food through the BackSnack program to chronically hungry children at 6 of the 18 elementary schools in the Lee's Summit School District, as well as the district's alternative high school, with plans to continue to expand to other schools that have expressed interest in receiving these backpacks for their chronically hungry students. Research has shown children who participate in the BackSnack program perform better academically and behaviorally in school and have fewer absences and tardies. The BackSnack program provides consistent weekend nutritional meals benefitting the child's overall health.	

SECTION II -- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p>X Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/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>X Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description:</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>The economy and unemployment make it difficult for many families to provide enough nutritious food for their children. While schools provide breakfast and lunch for these children, on the weekends they do not have this source for two of their three daily meals.</p> <p>Harvesters has identified more than 600 children in Lee's Summit who are considered chronically hungry and who could benefit from backpacks of food on the weekends. Coldwater currently provides Harvesters' BackSnacks for up to 178 students at 6 different elementary schools in the Lee's Summit School District and the district's alternative high school.</p> <p>Discussions with Lee's Summit elementary school counselors not currently utilizing the Harvesters' BackSnack program have revealed that schools who have not previously experienced a need are now interested in receiving Harvesters' BackSnack weekend backpacks of food for their children. Some schools who were previously servicing this need on their own or with the help of other sources also have expressed interest in working with Coldwater through the Harvesters' BackSnack program. Coldwater also has learned that there are children on a waiting list for this program. We hope to be able to expand our program to meet these needs.</p> <p>Coldwater, in partnership with Harvesters, has provided weekend backpacks of food to elementary children for the past 8 school years. These backpacks contain breakfast items, lunches/dinners, milk boxes, water and snacks.</p> <p>Harvesters delivers two weeks of food 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 pack and deliver these BackSnacks to the schools. On Thursdays, different groups of volunteers come to Coldwater to prepare the backpacks. Then, six additional groups of volunteers (including developmentally disabled adult groups) deliver them to the school counselors for distribution.</p>	<p>(2.5) Program Outcomes:</p> <p>(Check closest one)</p>	<p>X 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>X 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>X 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 2017 will be Different:</p> <p><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>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>		<p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p>X 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>It is vital to the health and welfare of chronically hungry children to provide them with nutritious food at the earliest stages of their development. Harvesters has identified more than 600 chronically hungry elementary children in Lee's Summit. Coldwater can currently only serve 178 of these children.</p> <p>Hungry children 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 into middle school and high school.</p>	
<p>(2.10) Describe How Outcomes are Measured:</p> <p><i>(System and methods have been/will be used.)</i></p>		<p>Currently, we measure outcomes based on the criteria established by CDBG.</p> <p>Harvesters provides information on the evaluation and outcomes of their BackSnack program. We also rely on feedback from counselors, teachers and principals at the schools we serve.</p>	



SECTION III --- Program Budget

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

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

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 Program Budget

RECEIVED
FEB 16 2017

(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	1	\$ 47,500	\$ 6,250	\$ 5,000	\$ 6,000	\$		\$		\$ 30,250
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$	\$	\$	\$	\$		\$		\$
Notes	The cost to maintain the program with 178 students is \$44,500. In 2017-18 Coldwater would like to add 12 more chronically hungry students in Lee's Summit not being served by the Harvesters' BackSnack program.									

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

FY 2016-2017 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)
\$ 44,500	\$ 44,500	\$5,550	\$5,200	\$ 3,250	\$	\$	\$ 30,500
Notes							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$51,250	\$8,000	\$7,000	\$6,000	\$	\$	\$30,250	205
2019-20	\$55,000	\$10,700	\$8,050	\$6,000	\$	\$	\$30,250	220
2020-21	\$58,750	\$13,500	\$9,000	\$6,000	\$	\$	\$30,250	235
2021-22	\$62,500	\$16,200	\$10,050	\$6,000	\$	\$	\$30,250	250

*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>	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.	
	Carly Bade	816-716-4295			
	Stacey Brodersen	816-835-6650			
	Alisa Cain	636-584-3801			
	Jolene Carter	816-372-4509			
	Jennifer Collier	816-803-6199			
	Jan Durbin	816-525-8736			
	Jim Hallam	816-517-7790			
	Travis Reno	816-844-1050			
	Kevin Shipley	816-365-7783			
Teri Shipley	816-805-7774				
Sandy Thompson	816-520-3427				
(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	X Non-home-based office space X 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 X Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) X Computerized client information system X Secured client records filing system (for client confidentiality) X Designated independent financial audit service X Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. X Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit				
(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues: RECEIVED FEB 16 2017	X Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation				
(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 checked="" type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount				
(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			
	\$ 3,250	To maintain current number of students			
(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	(4.7.1) Fee Type	(4.7.2) Amount			
(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	(4.8.1) Unit Type	(4.8.2) Rate Per Unit			
	NA	\$ NA			
		\$			
	Notes:				
(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	X All expended before the end of 2017 <input type="checkbox"/> All expended by the end of June 2018, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2018, 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				

Planning & Codes Admin



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.

Marcia Zumbel Executive Director 2-16-17

Signature – Person Completing the Application

Title

Date

Signature – President/CEO of the Agency

Title

Date

Jeri L Shipley

President

2-16-17

Signature – Board of Directors Chair/President

Title

Date

RECEIVED

FEB 16 2017

Planning & Codes Admin

###





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2017-2018

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 17, 2017
--Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St. Lee's Summit, Missouri, 64063--

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____


SECTION I --- Summary

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

(1.1) Applicant Agency Name:	Hope House, Inc.	(1.17) Program/Project Title:	Children's Therapy
(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:	Hope House is located in Lee's Summit, MO. To protect the safety and confidentiality of those we serve, we do not publicize the physical address; however, it can be made available if required.
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	P.O. Box 577	(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 2017-18 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)	948450614	(1.22) Total Estimated Cost:	\$240,200.00
(1.7) Total Organization Annual Budget in FY2016-17:	\$5,180,932.79	(1.23) # of Unduplicated Clients (persons/families) to be Served in the year:	60
(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17:	\$1,392,559.15	(1.24) Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input checked="" type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.9) Executive Director:	MaryAnne Metheny	(1.25) CDBG Funding Request for 2016-17: (Please round to the nearest dollar)	\$20,000.00
(1.10) Telephone/Fax:	T:816-257-9331 F:816-257-9350	(1.26) In 2017, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input checked="" type="checkbox"/> With CDBG as a secondary funding source
(1.11) Email Address:	mmetheny@hopehouse.net	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	277.05 units of children's therapy billed at \$72.19/unit
(1.13) Total Annual Federal Grants in FY2016-17:	\$819,298.05		
(1.14) Program Administrator/ Key Contact Person:	Traci Francis		
(1.15) Telephone/Fax:	T:816-257-9349 F:816-257-9350		
(1.16) Email Address:	tfrancis@hopehouse.net		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words max)	Hope House's children's therapy services focus on issues relevant to children who have been exposed to violence, such as self-esteem, safety planning, conflict resolution skills, and healthy ways of managing one's emotions. Individual, group, and family therapy are available at no cost for male and female children ages pre-school through 18 who reside onsite in Hope House's emergency shelter and transitional housing as well as children who are utilizing outreach services. Requested CDBG funds will provide approximately 60 children with 300 units of therapy.		

SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input 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><i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p>(2.5) Program Outcomes:</p> <p><i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>(2.2) 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 a devastating effect 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 therapist encourages the child to become comfortable with talking about his or her experiences through reading, coloring, playing, or other age-appropriate activities. Therapists also address boundary issues; fears including separation anxiety and anger management; and problem solving skills. Group therapy primarily serves shelter residents and includes weekly, age appropriate groups. During these group sessions, therapists help children to understand the violence was not their fault, to express their emotions in a healthy manner, and to learn to safety plan. Family therapy helps mothers 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. Summer support groups are also offered for junior and senior high school students. Therapists also coordinate services with the Children's Division and/or refer families to other resources such as case management, psychological evaluation, or inpatient care on an as needed basis.</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input 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 2017 will be Different:</p> <p><i>(More details needed next page)</i></p> <p>For the past several years, Children's Therapy has been largely funded through general contributions to the agency. The program has also previously received private foundation grants and county funds. Hope House anticipates this year will be similar, having secured and applied for private and public funding.</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>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p> <p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input checked="" type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>	<p>(2.9) Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</p> <p>Hope House has experienced significant revenue fluctuations. As operating revenue decreases, the need for services remains consistent. Uncertain funding for programs will have dire consequences on the future operations of the agency and its ability to meet the needs of clients.</p>
<div style="text-align: center;">  </div>		<p>(2.10) Describe How Outcomes are Measured:</p> <p><i>(System and methods have been/will be used.)</i></p> <p>Outcomes for the Children's Therapy Program are evaluated through therapist observation and the Spence Children's Anxiety Scale. Children are expected to improve their knowledge and/or ability to plan for their safety, increase their healthy functioning, and reduce their trauma-related anxiety. Improved knowledge and/or ability to plan for safety is measured by therapist observation that the child can verbalize a safety plan. Increased healthy functioning is measured by therapist observation of two indicators: child demonstrates ability to self-regulate; and child appropriately engages in social interactions. Lastly, reduced anxiety is measured by a decrease in score on the Spence Children's Anxiety Scale.</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. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 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		\$174,300.00	\$	\$5,400.00	\$15,600.00	\$		\$20,300.00	Applied	\$133,000.00
Fringe Benefits		\$39,900.00	\$	\$	\$4,400.00	\$		\$4,700.00	Applied	\$30,800.00
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$200.00	\$	\$	\$	\$		\$200.00	Applied	\$0.00
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$300.00	\$	\$	\$	\$		\$300.00	Applied	\$0.00
(3.1.5) OPERATING EXPENSES										
Utilities		\$3,800.00	\$	\$	\$	RECEIVED		\$3,800.00	Applied	\$0.00
Insurance		\$4,000.00	\$	\$200.00	\$	\$		\$2,900.00	Applied	\$900.00
Legal Services		\$0.00	\$	\$	\$	FEB 17 2017		\$		\$0.00
Transportation Related		\$300.00	\$	\$0.00	\$	\$		\$300.00	Applied	\$0.00
Planning & Codes Admin										
(3.1.6) OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
IT Tech Support		\$2,400.00	\$	\$1,600.00	\$	\$		\$800.00	Applied	\$0.00
All Other Direct		\$500.00	\$	\$500.00	\$	\$		\$0.00	Applied	\$0.00
Indirect Costs		\$14,500.00		\$10,800.00				\$0.00	Applied	3,700.00
(3.10) TOTALS		\$240,200.00	\$	\$18,500.00	\$20,000.00	\$		\$33,300.00		\$168,400.00
Notes										

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

FY 2016-2017 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)
\$214,800.00	\$215,500.00	\$	\$26,200.00	\$21,000.00	\$0.00	\$71,800.00	\$96,500.00
<i>Notes</i>							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$252,200.00	\$	\$19,400.00	\$21,000.00	\$0.00	\$35,000.00	\$176,800.00	176
2019-20	\$264,800.00	\$	\$20,400.00	\$22,000.00	\$0.00	\$36,700.00	\$185,700.00	176
2020-21	\$278,000.00	\$	\$21,400.00	\$23,100.00	\$0.00	\$38,500.00	\$195,000.01	176
2021-22	\$291,900.00	\$	\$22,500.00	\$24,300.00	\$0.00	\$40,500.00	\$204,600.01	176

*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 the Shelter and Outreach Programs. Primary admission criteria include current or past domestic violence in the family. The Child/Family therapist connects with each adult residing in shelter with children to explain the program and offer services. During the first session, a family intake is completed with the parent/guardian requesting individual therapy for their child and signing a consent for services for their child. 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.	
	Carol Baker	(816) 558-2809			
	Cynthia Raven	(913) 317-8400			
	Michael Williams	(816) 878-2600			
	Michael Moore	(816) 945-5548			
	Monica Alderson	(816) 545-6031			
	Whitney Bartelli	(816) 298-2203			
	Shelly Cascio	(816) 249-2525			
	Meghan Corniskey	(913) 458-3924			
	Brian Hermann	(816) 218-1708			
	Brad Homant	(816) 802-5419			
	Doug King	(816) 843-6707			
	Curtis Lynch	(816) 860-1285			
	Lisa McCarty	(816) 841-3350			
	Sarah Millin	(816) 480-5519			
	Lee Moore	(816) 426-8178			
	Jarrod Nichols	(913) 784-4215			
	(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			
(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:		(4.6.1) Amount \$17,500.00	(4.6.2) Why This is the amount budgeted based on last year's CDBG award.		
(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:		(4.7.1) Fee Type	(4.7.2) Amount		
<input checked="" type="checkbox"/> No fee for participating in this program					
(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 \$101.93		
(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:		<input type="checkbox"/> All expended before the end of 2017 <input type="checkbox"/> All expended by the end of June 2018, but expenditures will be evenly distributed to each quarter <input checked="" type="checkbox"/> All expended by the end of June 2018, 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			
(4.3) To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:		Notes:			
<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					

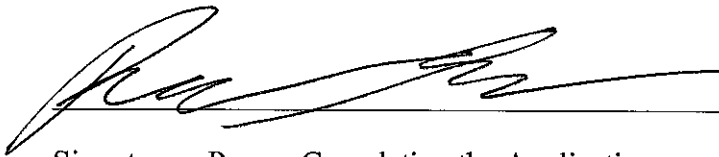
SECTION V --- Certifications

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.

	<u>Grant Coordinator</u>	<u>2/16/17</u>
Signature – Person Completing the Application	Title	Date
<u>MaryAnne Mettleny</u>	<u>CEO</u>	<u>2/16/17</u>
Signature – President/CEO of the Agency	Title	Date
<u>Carol Parker</u>	<u>BOARD Chair</u>	<u>2/17/17</u>
Signature – Board of Directors Chair/President	Title	Date

RECEIVED

FEB 17 2017

###

Planning & Codes Admin





A bright light in a
community that cares

2016-2017 Board

Carol Baker
Chair

Michael Moore
Chair Elect

Cynthia Raven
At Large

Michael Williams
Secretary

Monica Alderson
Treasurer

Whitney Bartelli
Shelly Cascio
Meghan Comiskey
Brian Herrmann
Brad Homant
Doug King
Curtis Lynch
Lisa McCarty
Sarah Millin
Lee Moore
Jarrod Nichols
Angela Presnell
Adam Rossbach
Elizabeth Smith
Ben Thompson

February 17, 2017

City of Lee's Summit
Heping Zhan
220 SE Green Street
Lee's Summit, MO 64063

RECEIVED

FEB 17 2017

Planning & Codes Admin

Dear Heping,

Hope House proposes billing by unit cost. The unit cost for one hour of therapy services is \$72.19. This is calculated by dividing the Fiscal Year 2017 budget for one FTE Children's Therapist by the average units of service provided annually by that therapist in Fiscal Years 2013-2016 as shown below:

SALARY	\$47,476.08
FICA/MEDICARE	\$3,631.92
UNEMPLOYMENT	\$360.00
HEALTH INSURANCE	\$8,429.40
403B - NO HH MATCH IN FY16	
WORKER'S COMP	\$847.45
TECH SUPPORT	\$1,200
RECRUITING	\$25.00
LONG DISTANCE	\$12.00
POSTAGE	\$12.00
MILEAGE	\$168.00
PROGRAM SUPPLIES	\$100.00
RETENTION/RECONGITION	\$0.00
OFFICE SUPPLIES	\$75.00
COPIER	\$96.00
ADMINISTRATIVE OVERHEAD	\$5,310.74
FACILITIES OVERHEAD	\$2,126.89
FY 2016 BUDGET	\$69,898.60
NUMBER OF THERAPY UNITS - 3 YEAR AVERAGE	685.75
UNIT COST	\$72.19

P O Box 577
Lee's Summit, Missouri 64063

816 461 4188
hopehouse.net

Thank you for your time. If you have any questions please contact Ann Leabo, Chief Financial Officer, at either 816-257-9326 or aleabo@hopehouse.net.

Sincerely,

A handwritten signature in cursive script that reads "MaryAnne Metheny". The signature is written in dark ink and is positioned above the printed name and title.

MaryAnne Metheny
Chief Executive Officer

RECEIVED

FEB 17 2017

Planning & Codes Admin



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2017-2018

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 17, 2017
~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

RECEIVED

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

FEB 17 2017


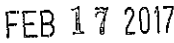
SECTION I Development Services Summary

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 (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:	108 SE 4 th Street, Lee's Summit, MO 64063
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	108 SE 4 th Street	(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 2017-18 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)	805698255	(1.22) Total Estimated Cost:	55,500
(1.7) Total Organization Annual Budget in FY2016-17:	\$560,000	(1.23) # of Unduplicated Clients (persons/families) to be Served in the year:	3,200
(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17: <small>(If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)</small>	\$ 13,000	(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:	Matt Sanning	(1.25) CDBG Funding Request for 2016-17: <small>(Please round to the nearest dollar)</small>	28,000
(1.10) Telephone/Fax:	816-525-4357 x104	(1.26) In 2017, 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?	Operating Expenses
(1.13) Total Annual Federal Grants in FY2016-17:	\$26,400		
(1.14) Program Administrator/ Key Contact Person:	Matt Sanning		
(1.15) Telephone/Fax:	816-525-4357 x104		
(1.16) Email Address:	matt@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, elderly and/or disabled persons in the Lee's Summit, Lone Jack, Lake Lotawana and Greenwood areas. Our program provides multiple services that allow a family to remain in their home with basic necessities while creating sustainable, long-term solutions towards self-sufficiency. The request for a continuation of support for our operations will allow us to continue to function at a high level through community outreach and bringing in/delivering the necessary resources to the underserved.		

SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p><input checked="" type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/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><i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input checked="" type="checkbox"/> Providing decent housing (such as utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description:</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>Client needs vary from household to household. Each individual has different challenges that keep them from being able to meet essential their families/own essential needs. We provide services that meets those needs through a comprehensive program matching resources with needs, as well as counseling that provides long-term solutions for those capable of getting out of poverty. We partner with many organizations, warehouse thousands of supplies, and connect with numerous agencies to ensure that each client has a chance for self-sufficiency.</p>	<p>(2.5) Program Outcomes:</p> <p><i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
	<div style="text-align: center;">   Planning & Codes Admin </div>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
		<p>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2017 will be Different:</p> <p><i>(More details needed next page)</i></p>	<p>We do not anticipate any changes in the types of expenditures for the next program year. We have, however, seen increases in the cost of the services needed, which is reflected in the request.</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>Our needs and peak expenses come at multiple times per year due to the numerous program offerings. In addition, the need for ongoing maintenance, vehicle usage, and increasing costs of things like insurance and financial services all impact our service levels for those in need. Ensuring alternative funding streams for operational services mean that we are able to allocate the needed funding levels to the assistance for these families.</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>(2.10) Describe How Outcomes are Measured:</p> <p><i>(System and methods have been/will be used.)</i></p>	<p>Outcomes are measured through a comprehensive reporting system (MAACLink) where all services are captured. We can report on these at any point during the year to determine the trends and needs that have been met. We can look at any goods and service provided, as well as view individual services to determine the program effectiveness.</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. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 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		\$20,000	\$8,000	\$	\$12,000	\$		\$		\$
Insurance		\$12,000	\$8,000	\$	\$4,000	\$		\$		\$
Legal Services		\$20,000	\$10,000	\$	\$10,000	\$		\$		\$
Transportation Related		\$3,500	\$1,500	\$	\$2,000	\$		\$		\$
(3.1.6) OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$55,500	\$27,500	\$	\$28,000	\$		\$		\$
<i>Notes</i>										

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

FY 2016-2017 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)
\$50,000	\$51,743	\$25,343	\$	\$26,400	\$	\$	\$
<i>Notes</i>							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$58,000	\$31,000	\$	\$27,000	\$	\$	\$	
2019-20	\$59,000	\$31,000	\$	\$28,000	\$	\$	\$	
2020-21	\$61,000	\$31,000	\$	\$30,000	\$	\$	\$	
2021-22	\$62,000	\$32,000	\$	\$30,000	\$	\$	\$	

*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>	Clients may sign up for our assistance program by providing proof of income, utility bill that provides proof of residency, proof of identification, and identification for anyone else in the household. Once these items are received, we are able to determine through federal and state income guidelines which services may be provided to the client. Ongoing compliance by the client is necessary in order to continue receiving services.					
	Don Killion	816-524-8097							
	Philip Strawbridge	202-255-8031							
	Tom Earley	816-524-1800							
	Susan Coffman	816-835-3459							
	Don Kahan	816-524-6000							
	Kris Presnell	816-695-0796							
	Scott Doumitt	816-686-8011							
	Dr. Darrel Nelson	816-524-8488							
	Syrtiler Kabat, PhD	816-524-5257							
	Roy Wheeler	816-525-9056							
	Nancy Nevins	816-916-1169							
	Raul Guerrero	816-246-7141							
(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 checked="" type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount	(4.6) Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why: (4.6.1) Amount: \$23,000 (4.6.2) Why: The program will continue to work, however, the level of funding is directly related to our ability to meet the volume of needs the community has shown. Funding shortfalls and reductions will reduce our impact within the community, resulting in fewer clients served.					
	(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				(4.7) Fee Schedule for this Program, if Fees are Charged for this Service: (4.7.1) Fee Type (4.7.2) Amount <input type="checkbox"/> No fee for participating in this program	(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates: (4.8.1) Unit Type (4.8.2) Rate Per Unit Notes:		
		(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: <input type="checkbox"/> All expended before the end of 2017 <input type="checkbox"/> All expended by the end of June 2018, but expenditures will be evenly distributed to each quarter <input checked="" type="checkbox"/> All expended by the end of June 2018, 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							

RECEIVED

FEB 17 2017



Planning & Codes Admin

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

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



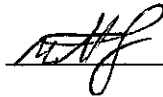
Signature – Person Completing the Application

Executive Director

Title

2-17-17

Date



Signature – President/CEO of the Agency

President

Title

2-17-17

Date

Donald L. Killian

Signature – Board of Directors Chair/President

Executive Director

Title

2-17-17

Date

RECEIVED

FEB 17 2017

Planning & Codes Admin





LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY PROGRAM YEAR 2017-2018

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 17, 2017
-Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

SECTION I -- Summary

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

(1.1) Applicant Agency Name:	ReDiscover	(1.17) Program/Project Title:	Parenting with Love and Logic
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	Lee's Summit Parks and Recreation, schools and other public facilities
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	901 NE Independence Ave	(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 64086	(1.21) The Plan for 2017-18 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)	044123800	(1.22) Total Estimated Cost:	\$35,293
(1.7) Total Organization Annual Budget in FY2016-17:	\$35,556,423	(1.23) # of Unduplicated Clients (persons/families) to be Served in the year:	255 adults (parents) and 505 children
(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17:	\$1,000,000 <small>(If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)</small>	(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:	Alan L. Flory	(1.25) CDBG Funding Request for 2016-17: (Please round to the nearest dollar)	\$1,124
(1.10) Telephone/Fax:	T:816- 347-3245 F:816-347-3200	(1.26) In 2017, 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:	alflory@rediscovermh.org	(1.27) If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.12) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.28) Specifically what will CDBG Funds Pay For?	Scholarships for LMI adults. Includes free child care, participant handbooks, ongoing support and free refresher courses.
(1.13) Total Annual Federal Grants in FY2016-17:	\$1,000,000		
(1.14) Program Administrator/ Key Contact Person:	Kerri Gray		
(1.15) Telephone/Fax:	T:816-507-2298 F: 816-347-3200		
(1.16) Email Address:	KjGray@kc.rr.com		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)	The target population includes parents of at-risk Lee's Summit children and adolescents. The project, <i>Parenting with Love and Logic</i> , includes 5 weeks of classes offered at various Lee's Summit locations. The program is a nationally-recognized best practice using certified instructors to assist parents in becoming more empowered and more skilled in their interactions with children. <i>Love</i> allows children to grow through their mistakes. <i>Logic</i> allows children to live with the consequences of their choices. <i>Love and Logic</i> is a proven method for putting parents in control and preparing children to accept their choices and consequences. Project outcomes include: increased knowledge of parenting skills; increased awareness of community resources that support healthy family development; and positive changes in at least two of their child's behaviors. A pre-post test format is used to measure program success.		

RECEIVED
FEB 17 2017

Planning & Codes Admin

SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/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: (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 utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description: <i>(Focus on client need, the history and nature of the program. Discuss also how the service is being/will be delivered and major tasks involved. Do not discuss financing of the program here.)</i></p>	<p>The target population includes parents of at-risk Lee's Summit children and adolescents. The project, Parenting with Love and Logic, includes five weeks of classes offered at various Lee's Summit locations. Love and Logic is a nationally-recognized best practice using certified instructors to assist parents in becoming more empowered and more skilled in their interactions with their children. Love allows children to grow through their mistakes. Logic allows children to live with the consequences of their choices. Love and Logic is a proven method for putting parents in control and preparing children to accept their choices and consequences.</p> <p>The project will provide scholarships to LMI adults for classes offered at various Lee's Summit locations. It includes 5 weeks of classes, 2 hours each, offered at 10 different periods throughout the year. Scholarships include free on-site child care, participant handbooks, ongoing support and free refresher classes.</p> <p>The target population includes 250 parents and 500 children. Of the 70-80 scholarships provided each year, CDBG funding supports 15-20 of those scholarships.</p>	<p>(2.5) Program Outcomes: (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>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<p><input type="checkbox"/> 1 (Highest)</p> <p><input checked="" type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8 (Lowest)</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p><input type="checkbox"/> Not Sure</p>
		<p>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2017 will be Different: <i>(More details needed next page)</i></p>	<p>United Way</p> <p>Private Donors</p>
		<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input checked="" type="checkbox"/> About 50-70%</p> <p><input type="checkbox"/> Less Than 50%</p> <p><input type="checkbox"/> Less Than 25%</p> <p><input type="checkbox"/> Less Than 5%</p>
		<p>(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>As adults face the economic and emotional pressures of raising children, many find themselves under-skilled and frustrated as parents. These families lack the resources needed to access critical services. CDBG funding allows ReDiscover to intervene early with at-risk families and circumvent behaviors that are detrimental to the family, schools and the community.</p>
		<p>(2.10) Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>	<p>Success is measured by: increased knowledge of parenting skills; increased awareness of community resources that support healthy family development; and positive changes in at least two of their child's behaviors. A pre-post test format is used to measure program success.</p>



SECTION III --- Program Budget

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

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

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 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		\$29,411	\$	\$	\$977	\$		\$		\$28,434
Fringe Benefits		\$5,882	\$	\$	\$147	\$		\$		\$5,735
(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		\$35,293	\$	\$	\$1,124	\$		\$		\$34,169
Notes										

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

FY 2016-2017 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)
\$	\$35,293	\$	\$	\$1,124	\$	\$	\$34,169
Notes							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$35,999	\$	\$	\$1,145	\$	\$	\$34,854	770
2019-20	\$36,719	\$	\$	\$1,168	\$	\$	\$35,551	780
2020-21	\$37,453	\$	\$	\$1,191	\$	\$	\$36,262	790
2021-22	\$38,202	\$	\$	\$1,215	\$	\$	\$36,987	800

*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>	A parent can be referred to the program by school personnel (teacher, lunch room aide, secretary, counselor, etc.), parent, another adult (coach, classroom volunteer) or the child.								
	David Bower	(816) 329-4276										
	Dr. Kris Chatrathi	(816) 349-8731										
	Timothy Duncan	(913) 378-9146										
	Alan Flory	(816) 347-3245										
	Edward Gaffney	(608) 665-5305										
	Orlando Gutierrez	(816) 729-9591										
	Leonard Jones	(816) 316-4802										
	Sandy Kessinger	(912) 234-2327										
	Merley McMurtry	(816) 923-6452										
	Shirley Olson	(816) 525-5502										
	Rob Robinson	(816) 760-8310										
	Jason (JP) Rogers	(816) 305-7506										
	Kathy Ross	(912) 498-2358										
	Catherine Singleton	(913) 647-6455										
David Stackelhouse	(816) 478-0385	(4.5) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year									
Frank White	(816) 346-0229		<input checked="" type="checkbox"/> Scale down the program resulting in less clients served									
			<input type="checkbox"/> Make changes to the program without reducing the number of clients served									
			<input type="checkbox"/> Make up the differences with other funds available to my agency									
			<input type="checkbox"/> No sure what we can do with that amount									
(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 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		(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							
				\$1,124	There are no other resources available to fund this basic service							
	(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	(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	(4.7.1) Fee Type	(4.7.2) Amount					
							n/a					
						<input type="checkbox"/> No fee for participating in this program						
						(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	(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	(4.8.1) Unit Type	(4.8.2) Rate Per Unit		
									Program Coordination & Instruction	\$47.50		
										\$		
		Notes:										
		(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	(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input checked="" type="checkbox"/> All expended before the end of 2017 <input type="checkbox"/> All expended by the end of June 2018, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2018, 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	

RECEIVED

FEB 17 2017

Planning & Codes Admin

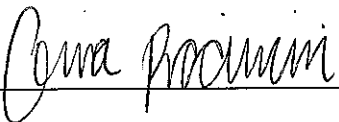

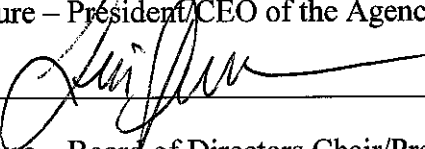
SECTION V --- Certifications

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></u>	<u>Grants Administrator</u>	<u>2/9/17</u>
Signature – Person Completing the Application	Title	Date
<u></u>	<u>VP</u>	<u>2/9/17</u>
Signature – President/CEO of the Agency	Title	Date
<u></u>	<u>Board chair</u>	<u>2/9/2017</u>
Signature – Board of Directors Chair/President	Title	Date

RECEIVED

FEB 17 2017

###

Planning & Codes Admin





LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2017-2018

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 17, 2017
~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

FEB 17 2017

SECTION I -- Summary

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

Planning & Codes Admin

(1.1) Applicant Agency Name: ReDiscover		(1.17) Program/Project Title: Case Management of High-Risk Students	
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.18) Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.19) Program Service Address:	Lee's Summit Elementary School 110 SE Green St Lee's Summit, MO 64086
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	901 NE Independence Ave	(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 64086	(1.21) The Plan for 2017-18 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)	044123800	(1.22) Total Estimated Cost:	\$34,530
(1.7) Total Organization Annual Budget in FY2016-17:	\$35,556,423	(1.23) # of Unduplicated Clients (persons/families) to be Served in the year:	205 students
(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17: <small>(If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)</small>	\$1,000,000	(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:	Alan L. Flory	(1.25) CDBG Funding Request for 2016-17: <small>(Please round to the nearest dollar)</small>	\$6,906
(1.10) Telephone/Fax:	T:816- 347-3245 F:816-347-3200	(1.26) In 2017, 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:	alflory@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 \$32.17).
(1.13) Total Annual Federal Grants in FY2016-17:	\$1,000,000		
(1.14) Program Administrator/ Key Contact Person:	Marsha Palmer-Thelwell		
(1.15) Telephone/Fax:	T:816-347-3239 F:816-347-3200		
(1.16) Email Address:	mpthelwell@rediscovermh.org		
(1.29) Brief Description of the Program/Project and the Impact the Requested CDBG Grant will have: (150 words or less)		The target population includes at-risk Lee's Summit Elementary School children (K-6) including those with specific risks or disparities in access to behavioral health, health, violence prevention, academic achievement, housing or other related risks. Assessment, therapy, education and referral will be provided 3 days per week. The project will maintain an ongoing outreach network of teachers, school staff, parents and others to identify high-risk children and connect them to a process that involves an assessment, social skills groups and referrals for ongoing services for the child and the family. It will use prevention and behavioral health techniques to engage Lee's Summit children in active programs early in their lives. Project outcomes include: improvements in academic performance, school attendance and suspension rates.	

SECTION II --- Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/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><i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description:</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>The target population includes at-risk Lee's Summit Elementary School children (K-6) including those with specific risks or disparities in access to behavioral health, health, violence prevention, academic achievement, housing or other related risks. Assessment, therapy, education and referral will be provided 3 days per week.</p> <p>The project will maintain an ongoing outreach network of teachers, school staff, parents and others to identify high-risk children and connect them to a process that involves an assessment, social skills groups and recommendations for ongoing services for the child and the family.</p> <p>The target population includes more than 200 students and 6 group sessions per week including 3 groups per day on Tuesdays and Wednesdays. It is anticipated that 6-8 children will participate in each group session.</p> <p>This program began in Fall 2000 in collaboration with the R-7 school district. School staff engages in weekly supervision at ReDiscover, as well as in weekly treatment team meetings. The case manager meets regularly with the school's principal and counselor. While the case manager is housed at least halftime at LS Elementary, she responds to referrals from any Lee's Summit R-7 school.</p>	<p>(2.5) Program Outcomes:</p> <p><i>(Check closest one)</i></p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</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>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2017 will be Different:</p> <p><i>(More details needed next page)</i></p>	<p>MO Dept of Mental Health MO Medicaid Private Insurance COMBAT Jackson County Community Mental Health Fund Local Foundations Private Donors</p>	<p>(2.8) At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<p><input type="checkbox"/> 100% or Close</p> <p><input type="checkbox"/> About 70-90%</p> <p><input type="checkbox"/> About 50-70%</p> <p><input checked="" 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>Economic stressors continue to negatively impact Lee's Summit residents. Children are exhibiting the manifestations of these stressors. The majority of these families do not have the resources needed to access critical services. CDBG funding allows ReDiscover to intervene early and circumvent behaviors that are detrimental to the larger society.</p>	<p>(2.10) Describe How Outcomes are Measured:</p> <p><i>(System and methods have been/will be used.)</i></p>	<p>Success is measured by improvements in academic performance, school attendance and suspension rates. Students learn to: manage risk factors in practical and positive ways; find and provide mutual support among peers; and develop a positive relationship with an adult role model. Methods include observation, record review and surveys.</p>



SECTION III --- Program Budget

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

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

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest hundred. All costs and budgeted amounts must be based on no more than 12-month needs. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 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		\$28,775	\$	\$	\$5,755	\$		\$		\$23,020
Fringe Benefits		\$5,755	\$	\$	\$1,151	\$		\$		\$4,604
(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		\$34,530	\$	\$	\$6,906	\$		\$		\$27,624
Notes										

RECEIVED
FEB 17 2017
Planning & Codes Admin

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

FY 2016-2017 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)
\$	\$34,530	\$	\$	\$6,906	\$	\$	\$27,624
Notes							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$35,393	\$	\$	\$7,079	\$		\$28,314	210
2019-20	\$36,278	\$	\$	\$7,256	\$		\$29,022	215
2020-21	\$37,185	\$	\$	\$7,437	\$		\$29,748	220
2021-22	\$38,115	\$	\$	\$7,623	\$		\$30,492	225

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



SECTION IV -- Agency Capacity Assessment and Program Management System

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

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well 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>	A child can be referred to the program by school personnel (teacher, lunch room aide, secretary, counselor, etc.) parent, another adult (coach, classroom volunteer) or the child. The case manager will observe a child's behavior in a classroom or other school environment (outside or inside) and document that behavior. An informal plan will be developed to address the child's need, family need and/or school's personnel needs. This plan is shared with the student and identified adults. It may include individual or group action steps or referral to other resources for additional services such as mental health counseling, community resources, etc.			
	David Bower	(816) 329-4276					
	Dr. Kris Chatrathi	(816) 349-6731					
	Timothy Duncan	(913) 378-9146					
	Alan Flory	(816) 347-3245					
	Edward Gaffney	(608) 665-5305					
	Orlando Gutierrez	(816) 729-9591					
	Leonard Jones	(816) 316-4802					
	Sandy Kessinger	(912) 234-2327					
	Merley McMurry	(816) 923-6452					
	Shirley Olson	(816) 525-5502					
	Rob Robinson	(816) 760-8310					
	Jason (JP) Rogers	(816) 305-7506					
	Kathy Ross	(912) 498-2358					
	Catherine Singleton	(913) 647-6455					
David Stackelhouse	(816) 478-0385						
Frank White	(816) 346-0229						
(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 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		(4.5) Should CDBG Funds be Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year <input checked="" type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> No sure what we can do with that amount			
	(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		
				\$6,906	There are no other resources available to fund this basic service		
	(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	(4.7.1) Fee Type		(4.7.2) Amount			
		n/a					
	(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	(4.8.1) Unit Type		(4.8.2) Rate Per Unit			
		Case Management		\$32.17			
				\$			
	(4.9) Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	Notes:		<input checked="" type="checkbox"/> All expended before the end of 2017 <input type="checkbox"/> All expended by the end of June 2018, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2018, 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			
				FEB 17 2017			
	(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		Planning & Codes Admin			

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>Gina Piccinini</u>	<u>Grants Administrator</u>	<u>2/9/17</u>
Signature – Person Completing the Application	Title	Date
<u>Lauren Moy</u>	<u>VP</u>	<u>2/9/17</u>
Signature – President/CEO of the Agency	Title	Date
<u>[Signature]</u>	<u>Board Chair</u>	<u>2/9/2017</u>
Signature – Board of Directors Chair/President	Title	Date

RECEIVED

FEB 17 2017

Planning & Codes Admin

###



LEE'S SUMMIT
MISSOURI

Community Development Block Grant Program
APPLICATION FORM FOR PUBLIC SERVICE ACTIVITY
PROGRAM YEAR 2017-2018

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 17, 2017
-Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063-

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

SECTION I — Summary

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

<p>(1.1) Applicant Agency Name: Center for Conflict Resolution</p> <p>(1.2) Not-for-profit organization (with active 501(c) status)? 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: 1734 E 63rd Street, Suite 305 <small>(PO Box Not Acceptable without City's Consent)</small></p> <p>(1.5) City/State/Zip: Kansas City, MO 64110</p> <p>(1.6) Agency's DUNS #: 77-998-2995 <small>(Required. If your agency does not have one, apply for one)</small></p> <p>(1.7) Total Organization Annual Budget in FY2016-17: \$ 360,000.00</p> <p>(1.8) Total Federal \$\$\$ Expended during Agency's FY2016-17: \$900.00 <small>(If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)</small></p> <p>(1.9) Executive Director: Annette Lantz-Simmons</p> <p>(1.10) Telephone/Fax: T:816-461-8255 F:816-461-8222</p> <p>(1.11) Email Address: alantz.ccr@gmail.com</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 FY2016-17: \$900.00</p> <p>(1.14) Program Administrator/ Key Contact Person: Deborah M Bayless</p> <p>(1.15) Telephone/Fax: T:816-461-8255 F:816-461-8222</p> <p>(1.16) Email Address: dbayless.ccr@gmail.com</p>	<p>(1.17) Program/Project Title: Community Mediation</p> <p>(1.18) Location of Service: On Site x Off Site Out of Lee's Summit <small>(Check one)</small></p> <p>(1.19) Program Service Address: 1101 NE Independence Ave, Lee's Summit, MO 64086</p> <p>(1.20) Status: x On-going CDBG-funded activity On-going non-CDBG-funded activity New multi-year activity New one-time activity <small>(Check one)</small></p> <p>(1.21) The Plan for 2017-18 is: To keep the service at the current level x To expand the service above the current level To reduce the service below the current level <small>(Check one)</small></p> <p>(1.22) Total Estimated Cost: \$7000.00</p> <p>(1.23) # of Unduplicated Clients (persons/families) to be Served in the year: 60</p> <p>(1.24) Client Eligibility by CDBG Definition: x 100% L/M Income Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) Area Benefit (must be either HUD designated L/M Income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) None of the Above <small>(Check one)</small></p> <p>(1.25) CDBG Funding Request for 2016-17: \$3000.00 <small>(Please round to the nearest dollar)</small></p> <p>(1.26) In 2017, This Service will be Paid for: With CDBG as the only funding source x With CDBG as a primary funding source With CDBG as a secondary funding source</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? Direct Client Services: intake, mediation or conflict coaching and follow-up by skilled conflict resolution professionals.</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>Community Mediation: Professional facilitators and highly trained community volunteers help parties solve conflict in just and peaceful ways, an effective deterrent to crime and violence. Parents stay together or separate amicably benefitting their children; Children and Parents learn to communicate preventing runaways; Landlords and tenants resolve difficulties reducing homelessness; Employees keep their jobs as they create positive relationships without harassment, arguments or fighting; Court officials have a non-litigious referral source where mutually satisfying conclusions can be reached. CCR practices transformative mediation, parties create their own solutions are responsible for implementation and gain useful</p>	

Planning & Special Projects

SECTION II — Program Description and Eligibility Information

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

<p>(2.1) Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input checked="" type="checkbox"/> Benefiting all persons in a Qualified Census area*</p> <p>Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p>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>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>Providing decent housing (such as utility assistance)</p> <p>Creating economic opportunities (such as job training for L/M income persons)</p>
<p>(2.2) Detailed Program Description:</p> <p>(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.)</p>	<p>The Center for Conflict Resolution (CCR) formerly Community Mediation Center has been serving the Kansas City metropolitan area since 1999. The program is founded upon academic study and research in the field of conflict transformation, and more than 30 years of experience by staff in helping people find just and peaceful solutions to conflict. Calls come to CCR from many referral sources. Lee's Summit referrals come from the City Attorney, the City Prosecutor, Court Officials, Police Officers, Housing Authority, Animal Control and citizens. An intake manager hears the details of the conflict and helps the party decide how to move forward. The other conflict party is usually contacted, and their story is heard by the intake manager. Whenever possible, mediation is scheduled for a face to face conversation. 95% of cases where parties meet result in a mutual plan to work together to solve the problem. CCR offers follow-up after mediation and finds that 85% of the time, parties have kept their agreements and are fully satisfied with the experience. Mediations are held at a neutral location that is convenient to both parties. Clients funded for mediation by this grant are people in the community who would be unaware of or would not readily access this means of dispute resolution. The encouragement of the referring entities brings the clients to CCR, providing them with a respectful approach to addressing difficult interpersonal relationships, an approach new to them. Lives are changed as relationships are changed with new communication patters, cooperative decision making processes.</p>	<p>(2.5) Program Outcomes:</p> <p>(Check closest one)</p>	<p>Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input checked="" type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p>Sustainability (Making the community or neighborhood more viable)</p> <p>Yes</p> <p><input checked="" type="checkbox"/> Not That I Know Of</p> <p>Not Sure</p>
	<p>We have had several referrals from the prosecutor's office that involve couples, parent/child or siblings where one party indulged in too much alcohol. A violent incident brought them to the attention of the prosecutor. In these cases, the violence was an isolated incident. The mediations then allow the parties to discuss the incident and come up with a way to prevent it from happening again. How do they need to communicate in the best interest of their children? Do they need counseling? Discussing what their expectations are and coming up with mutually agreed upon next steps to move forward helps to prevent the violence from</p>	<p>(2.6) Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<p>In March 2010 seed money was provided to CCR by the Greater Lee's Summit Healthcare Foundation to address the growing interest in community based conflict resolution services. The program is now well established with City staff, court personnel and the police department and the interest continues to grow. We have received grants from LSCDBG in 2011, 2012 and 2013 and 2016, serving many very low, low and moderately low income residents. We did not apply in 2014. We continue to receive requests for mediation from the prosecutor's office as well as the police department. Our actual cost for a 2-hour mediation between 2 individuals is \$300. LSCDBG allows this to become a reduced if not free service for those that have low income. CCR will continue to allocate a portion of their United Way money to the efforts in Lee's Summit in the form of necessities such as insurance, rent, phone, administrative costs etc.</p>
		<p>(2.7) If Continuing Program, Describe Briefly How it has been Funded in Recent Years and How Funding in 2017 will be Different:</p> <p>(More details needed next page)</p>	<p>100% or Close</p> <p><input checked="" type="checkbox"/> About 70-90%</p> <p>About 50-70%</p> <p>Less Than 50%</p> <p>Less Than 25%</p> <p>Less Than 5%</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>We continue to receive referrals from LS City prosecutor, Terri Rounds and Police Officers who understand the importance of mediation to diffuse potentially volatile situations. CDBG funding is needed to continue the growth and acceptance of the valuable service in the reduction of violence; helping create a positive community image of productivity, health and peacefulness. More than 60% of</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>	



occurring between the again.		the referrals are for low to moderate income persons, unable to pay any fees for the service they receive.
(2.3) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:	1 (Highest)	
	2	
	3	
	4	
	5	
(Do not assign a same priority rating to more than one funding requests.)	6	
	7	
	8 (Lowest)	
(2.10) Describe How Outcomes are Measured: (System and methods have been/will be used.)		CCR's data tracking system allows us to record the number and type of cases as well as the outcome of each case. With the input from the CDBG staff, necessary requests for information concerning income levels have been added to our intake form to insure accurate tabulation of data. Outcomes of mediation; agreements, assists, consults, etc.; are recorded by follow-up with clients after the mediation has taken place. Outcomes are reported to referring entities when requested to the Board of Directors and to the CDBG staff at regular intervals.



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. Any attempt to bank CDBG funds for use beyond the budget year is strictly prohibited.

FY 2017-2018 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		\$4000	\$	\$1000	\$2000	\$		\$1000	Granted	\$
Fringe Benefits		\$800	\$200	\$	\$600	\$		\$		\$
(3.1.2) BIG-TICKET EQUIPMENT										
Computers		\$	\$200	\$200	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
(3.1.3) OFFICE SUPPLIES										
General Office Supplies		\$	\$200	\$200	\$	\$		\$		\$
(3.1.4) PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$500	\$	\$	\$	\$		\$500	Granted	\$
(3.1.5) OPERATING EXPENSES										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$500	\$500	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$800	\$200	\$	\$400	\$		\$200	Granted	\$
(3.1.6) OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
(3.10) TOTALS		\$7000	\$1300	\$1000	\$3000	\$		\$1700		\$
Notes										

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

FY 2016-2017 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)
\$	\$7000	\$1300	\$1000	\$3000	\$0	\$1700	\$
<i>Notes</i>							

1. 12-month expenses between July 1, 2016 and June 30, 2017. If your agency's budget cycle is different, provide actual expenses for your last fiscal year.

Projections of Program Expenses and Funding Needs for FY 2018-19 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Program Expenses	(3.16) Expenses by Funding Type						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$7000	\$1300	\$1000	\$3000	\$	\$1700	\$	60
2019-20	\$8000	\$1300	\$1000	\$3000	\$	\$1700	\$	70
2020-21	\$9000	\$1300	\$1000	\$3000	\$	\$1700	\$	80
2021-22	\$10000	\$1300	\$1000	\$3000	\$	\$1700	\$	90

*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 Rik Siro Sr. Rose McLarney Wim van Klinken Claresta Lewis Dan Jeffers Michael Health Joanne Katz Shannon King	(4.1.2) Telephone 816-471-4881 816-588-8036 816-833-1000 816-807-7720 816-833-3000 816-612-8913 913-522-2668 901-413-7940	(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>	CCR accepts all willing applicants into the program regardless of personal characteristics or ability to pay for services. Information is gathered from individuals for recording, research and grant compliance purposes only. In 2014 CCR added more detail to the intake form regarding income and diversity, with guidance from CDBG staff, to create a more complete picture of the clients we serve, and to insure compliance with Federal standards. Only low income individuals will use CDBG funds.									
(4.2) Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	<ul style="list-style-type: none"> <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:	Withdraw application for funding this year <input checked="" type="checkbox"/> Scale down the program resulting in less clients served Make changes to the program without reducing the number of clients served Make up the differences with other funds available to my agency No sure what 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:	<ul style="list-style-type: none"> <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 \$1000 (4.6.2) Why The prosecutor's office and the police department will continue to refer clients for service and there needs to be resources to cover the cost.								
				(4.7) Fee Schedule for this Program, if Fees are Charged for this Service:	<table border="0"> <tr> <td>(4.7.1) Fee Type</td> <td>(4.7.2) Amount</td> </tr> <tr> <td>Sliding Fee Scale</td> <td>\$50-\$300</td> </tr> <tr> <td colspan="2">Clients are asked to pay per their income</td> </tr> <tr> <td colspan="2">No fee for participating in this program</td> </tr> </table>	(4.7.1) Fee Type	(4.7.2) Amount	Sliding Fee Scale	\$50-\$300	Clients are asked to pay per their income		No fee for participating in this program	
(4.7.1) Fee Type	(4.7.2) Amount												
Sliding Fee Scale	\$50-\$300												
Clients are asked to pay per their income													
No fee for participating in this program													
				(4.8) If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	<table border="0"> <tr> <td>(4.8.1) Unit Type</td> <td>(4.8.2) Rate Per Unit</td> </tr> <tr> <td>Average hourly wage</td> <td>\$25.00</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table> Notes: Mediations are charged on a per case basis. The cost to provide a mediation is \$150 per hour.	(4.8.1) Unit Type	(4.8.2) Rate Per Unit	Average hourly wage	\$25.00		\$		
(4.8.1) Unit Type	(4.8.2) Rate Per Unit												
Average hourly wage	\$25.00												
	\$												



**(4.9) Please Indicate
Your Realistic
Expectations for
Expending the Funds
as Requested, if
Granted:**

All expended before the end of 2017
All expended by the end of June 2018,
but expenditures will be evenly
distributed to each quarter
x All expended by the end of June 2018,
but the amount of expenditure will vary
quarterly depending on demand for
service
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.

Center for Conflict Resolution (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>Debra M Bayless</u>	<u>Mediation Coordinator</u>	<u>1-22-17</u>
Signature – Person Completing the Application	Title	Date
<u>Annette Lutz-Sun</u>	<u>Executive Director</u>	<u>1.22.17</u>
Signature – President/CEO of the Agency	Title	Date
<u>Pat A. Davis</u>	<u>Board President</u>	<u>2/2/17</u>
Signature – Board of Directors Chair/President	Title	Date

###





LEE'S SUMMIT
MISSOURI

RECEIVED
FEB 13 2017

Community Development Block Grant Program
APPLICATION FORM FOR CONSTRUCTION/ REHAB/ ACQUISITION/ DEMOLITION*
PROGRAM YEAR 2017-2018

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 17, 2017
~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

Official use only. Do not write in this box.

Original Funded Amount \$ _____

Environmental Review Completed _____

HUD ACT # _____

Fund Adjusted to \$ _____

Project Completed _____

* Activities for special economic development may not fit this form per HUD regulations. You may need to use for form for Economic Development. If not sure, please contact the City for additional instructions.

SECTION I --- Summary

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

(1.1) Applicant Agency Name:	LEES SUMMIT HOUSING AUTHORITY	(1.22) Program/Project Title:	LSHA-Wide Interior Unit Rehab
(1.2) Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.23) Location of Project: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
(1.3) Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(1.24) Status: (Check one)	<input type="checkbox"/> On-going CDBG-funded activity <input type="checkbox"/> On-going non-CDBG-funded activity <input checked="" type="checkbox"/> New multi-year activity <input type="checkbox"/> New one-time activity
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)	Lee's Summit Housing Authority 111 Se Grand Ave	(1.25) Total Estimated Project Cost: (Do not fill this blank until you finish the entire form)	\$681,991.00
(1.5) City/State/Zip:	Lee's Summit, MO 64063	(1.26) Cost Estimate Is Based on: (You may attach the estimate details)	Construction Management Resources, LLC Independent Cost Estimate (ICE)
(1.6) Agency's DUNS #:	781244835	(1.27) Cost Estimate includes: (Majority of construction and reconstruction projects require these for procurement)	<input type="checkbox"/> Property Survey <input type="checkbox"/> Engineering Design <input checked="" type="checkbox"/> Bid Advertising (at minimum 2 papers)
(1.7) Total Organization Annual Budget in FY2016-17:	\$5,169,947.00	(1.28) Cost Estimate Also Includes: (May be required for procurement)	<input checked="" type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon)
(1.8) Executive Director:	Darrin J. Taylor	(1.29) # of Clients to be Served: (Only clients enrolled for service)	76 Residential Units (90 residents)
(1.9) Telephone/Fax:	T:816-524-1100 F:816-524-1878	(1.30) Client Eligibility by CDBG Definition: (Check one)	<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above
(1.10) Email Address:		(1.31) Amount of CDBG Funding Request for 2017-18: (Please round to the nearest dollar)	\$150,000.00
(1.11) Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(1.32) Specifically what will CDBG Funds Pay For? (Be as specific as possible and avoid using general terms.)	Interior rehab/capital improvements including interior doors, toilets, shower/tubs, lavatories, flooring, plumbing upgrades (water conserving) Necessary Physical Improvements
(1.12) Total Annual Federal Grants in FY2016-17:	\$4,729,171.00	(1.33) If Expected, are the Other Funds Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(1.13) Total Federal \$\$\$ Expended during Agency's FY2016-17:	(If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.) \$4,729,171.00		
(1.14) Prior Experience with Similar Projects Funded with Federal Grant?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No, skip the next question)		
(1.15) Name the Most Recent Such Project and Year:	Lee Haven Exterior Doors Project -2016 CDBG Program		
(1.16) Project Manager:	Darrin J. Taylor		
(1.17) Telephone/Fax:	T:816-524-1100 F 816-524-1878:		
(1.18) Email Address:	darrin.taylor@leessummithousingauthority.org		
(1.19) Project Key Contact:	Darrin J. Taylor		
(1.20) Telephone/Fax:	T Same F: Same		
(1.21) Email Address:	Same		

NA-35 Public Housing - 91.205(b)

Planning & Special Projects

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1600 | F: 816.969.1619 | cityofls.net

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



SECTION II -- Project Description and Eligibility Information

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

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



<p>(2.3) Detailed Justification of the Need:</p> <p><i>(Explain why the issue has not been addressed and what has prevented it from being addressed. Explain also why CDBG will be the only solution to the issue.)</i></p>	<p>MA-25 Public and Assisted Housing – 91.210(b)</p> <p>AP-60 Public Housing – 91.220(h)</p> <p>AP-55 Affordable Housing – 91.220(g)</p> <p>Meeting LSHA 5-Year Plan Objectives and Consolidated Plan Objectives and National CDBG Objectives – Benefiting LMI Elderly/Disabled Public Housing Residents – LMI Housing Rehabilitation of Permanent Housing</p> <p>The Lee's Summit Housing Authority receives limited funding from the U.S. Department of Housing and Urban Development. Each year, LSHA undergoes a Uniform Physical Conditions Standards Inspection according to protocol established by HUD Real Estate Assessment Center (REAC). Inspection results along with information from maintenance work-orders and tenant complaints is used as a basis for developing our 5-Year Plan for modernization and capital improvements. All identified work items are evaluated using data on expected life-expectancies from the Uniform Residential Rehabilitation Guide. Our projects list as identified in our 5-Year Plan are prioritized and included in an environmental review previously conducted. In FY 2017 and over the next three years, includes necessary upgrades in the interiors of the occupied residential units including, bathrooms and other interior living spaces. We anticipate the project(s) will be phased as total project costs are estimated at over \$650,000. To accomplish this project, LSHA will use CFP (Capital Fund Program) in conjunction with CDBG grant funds over a three-year period. CDBG funds are necessary to augment limited HUD funding to allow LSHA to maintain its low-income properties in a manner consistent with community values and commensurate with providing safe, decent and affordable housing for the primarily senior and disabled families we serve. The use of CDBG funds in this endeavor is consistent with objectives identified in the City of Lee's Summit Consolidated Plan.</p>	
---	---	--



<p>(2.4) This Project is Directly Related to the Applicant's Service of Providing:</p>	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Affordable Housing and Transitional Housing<input type="checkbox"/> Temporary Shelter<input type="checkbox"/> Childcare<input type="checkbox"/> Youth Services<input type="checkbox"/> General Public Services<input checked="" type="checkbox"/> Services for Seniors and the Disabled<input type="checkbox"/> General/Mental Health Services<input type="checkbox"/> Education Services<input type="checkbox"/> Job Training/Readiness Services<input type="checkbox"/> Drug/Alcohol Abuse Counseling/Treatment<input type="checkbox"/> Other _____	
--	---	--



SECTION III --- Project Budget

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

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

FY 2017-2018 Project Budget

(3.1) Service/Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Project Cost (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Cash and In-Kind Donations (B)	(3.6) Other Federal Funds		(3.7) State & Local Grants		(3.8) All Other Funds (E)	(3.9) Desired CDBG Amount (F)
					(3.6.1) Amount (C)	(3.6.2) Applied / Granted?	(3.7.1) Amount (D)	(3.7.2) Applied / Granted?		
(3.1.1) ACQUISITION										
Land		\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
(3.1.2) PROFESSIONAL SERVICES (As required for procurement)										
Property Survey		\$	\$	\$	\$		\$		\$	\$
Engineering Design/Redesign		\$	\$	\$	\$		\$		\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$	\$
(3.1.3) CONSTRUCTION/REHAB										
Demolition/Removal		\$	\$	\$	\$		\$		\$	\$
Site Preparation		\$	\$	\$	\$		\$		\$	\$
Construction		\$	\$	\$	\$		\$		\$	\$
Rehabilitation	1	\$230,000	\$0.00	\$0.00	\$80,000	80,000	\$0.00	0.00	\$80,000	\$150,000
Lead-based Paint Abatement		\$	\$	\$	\$		\$		\$	\$
(3.1.4) LABOR										
Contract Labor		\$	\$	\$	\$		\$		\$	\$
(3.1.5) MATERIALS/SUPPLIES										
Materials and Supplies (Not furnishing, fixtures or equipment)		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
(3.1.6) FEES/OTHER OVERHEAD										
Permit Fee(s)		\$	\$	\$	\$		\$		\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising (If required, ads must be published in at least 2 papers)		\$	\$	\$	\$		\$		\$	\$
(3.10) TOTALS	1	\$230,000	\$0.00	\$0.00	\$80,000	80,000	\$0.00	0.00	\$80,000	\$150,000
Notes										

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

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

(3.11) Item	(3.12) Description of Methods and Sources	(3.13) Notes
Occupied Residential Rehab	Construction Management Resources, LLC (ICE) Architect Consultation, HUD Residential Rehabilitation Inspection Guide	Total rehabilitation line item project costs inclusive of items in independent cost estimate; labor, materials, construction overhead, wage rates, insurance, A/E fees and costs and advertising

Projections of Project Costs and Funding Needs for FY 2017-18 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Project Costs	(3.16) Projected Funding by Funding Sources						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$230,000	\$0.00	\$0.00	\$150,000	\$80,000	\$0.00	\$0.00	135 LMI
2019-20	\$230,000	\$0.00	\$0.00	\$150,000	\$80,000	\$0.00	\$0.00	135 LMI
2020-21	\$550,000	\$0.00	\$0.00	\$200,000	\$80,000	\$0.00	\$0.00	135 LMI
2021-22	\$550,000	\$0.00	\$0.00	\$200,000	\$80,000	\$0.00	\$0.00	135 LMI



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



SECTION IV -- Agency Capacity Assessment and Project Management System

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

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

(4.1) List all Members of Your Current Board of Directors:	<table border="1"> <thead> <tr> <th>Name</th> <th>Telephone</th> </tr> </thead> <tbody> <tr> <td>Emmet Pierson, Jr</td> <td>816-517-8140</td> </tr> <tr> <td>Dr. Syrtiller Kabat</td> <td>816-524-5257</td> </tr> <tr> <td>Barbara Henson</td> <td>816-805-9199</td> </tr> <tr> <td>Kathy Kelsey</td> <td>816-721-7047</td> </tr> <tr> <td>Nick Sweargin</td> <td>816-835-0345</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Telephone	Emmet Pierson, Jr	816-517-8140	Dr. Syrtiller Kabat	816-524-5257	Barbara Henson	816-805-9199	Kathy Kelsey	816-721-7047	Nick Sweargin	816-835-0345														(4.5) Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
Name	Telephone																											
Emmet Pierson, Jr	816-517-8140																											
Dr. Syrtiller Kabat	816-524-5257																											
Barbara Henson	816-805-9199																											
Kathy Kelsey	816-721-7047																											
Nick Sweargin	816-835-0345																											
(4.2) Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: <i>(Check all that apply)</i>	<input type="checkbox"/> Non-home-based office space <input checked="" type="checkbox"/> 24-hour designated business phone line or answering service <input checked="" type="checkbox"/> Designated project manager <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 project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		(4.6) Describe your Agency's In-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program in-take form.)</i>	Meets HUD and CDBG Requirements																								
(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		(4.7) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Make up the difference with other funds available to the agency <input checked="" type="checkbox"/> Phase the project out and do only a portion this year (future funding not guaranteed) <input type="checkbox"/> Withdraw application and cancel the project <input type="checkbox"/> Withdraw application but proceed with the project <input type="checkbox"/> No sure what we can do with that amount																								
(4.4) If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Used without user fees <input type="checkbox"/> Leased to other agencies resulting in a lease income <input type="checkbox"/> Will be sold when no longer needed <input type="checkbox"/> Will be donated		(4.8) Minimum Amount of CDBG Funds Needed to Make This Project Work:	<table border="1"> <thead> <tr> <th>(4.8.1) Amount</th> <th>(4.8.2) Why</th> </tr> </thead> <tbody> <tr> <td>\$150,000</td> <td>Economy of scale relative to total projects costs to completion</td> </tr> </tbody> </table>	(4.8.1) Amount	(4.8.2) Why	\$150,000	Economy of scale relative to total projects costs to completion																				
(4.8.1) Amount	(4.8.2) Why																											
\$150,000	Economy of scale relative to total projects costs to completion																											
			(4.9) Project Schedule – Your Agency Plans to Start Project Construction:	<input checked="" type="checkbox"/> Before end of 2017 <input type="checkbox"/> Within first half of 2018 <input type="checkbox"/> Within second half of 2018 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons																								
			(4.10) Procurement Options: <i>(If procurement is done by the subrecipient, it must be done in accordance with the requirements of Attachment O of OMB Circular A-110, Procurement Standards.)</i>	<input checked="" type="checkbox"/> Agency will do procurement for this project <input type="checkbox"/> Agency desires the City to do procurement for this project (All procurement associated cost is your Agency's responsibility) <input type="checkbox"/> Undecided																								
			Notes:																									

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



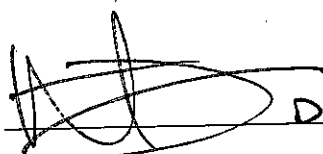
SECTION V --- Certifications

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

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

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

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

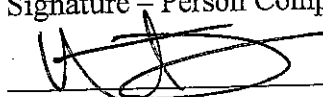

Signature - Person Completing the Application

Executive Director

2/12/17

Title

Date

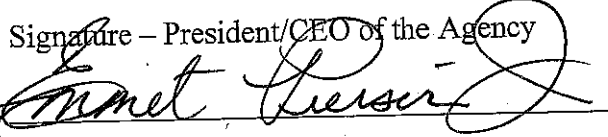

Signature - President/CEO of the Agency

Executive Director

2/12/17

Title

Date


Signature - Board of Directors Chair

Chair

2/13/17

Title

Date

###





TOMPKINS ARCHITECTS

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

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

PROJECT MEMORANDUM

RECEIVED
FEB 13 2017
City of Lee's Summit
Development Center

Date: February 9, 2017
Client: Lee's Summit Housing Authority
Location: Duncan Estates and Lee Haven
Phase: Schematic Design Narrative

Purpose

Lee Haven

The Lee Haven Subdivision of the Lee's Summit Housing Authority consist of a total of 50 duplex style units including 42 single bedroom units and 8 two bedroom units. Each unit includes one restroom which is equipped with one vanity and sink, toilet, shower and tube. Each unit also includes 5-6 metal bifold doors. The purpose of this project is to remodel the bathrooms in the 8 two bedroom units and to replace all bi-fold doors in all 50 units.

Duncan Estates

The Duncan Estates Subdivision of the Lee's Summit Housing Authority consist of a total of 66 duplex style units. Each unit includes one restroom which is equipped with one vanity and sink, toilet, shower and tube. The purpose of this project is to remodel the bathrooms in all 50 units.

Scope of Work

Lee Haven

Demolition – Remove toilets, vanity and sinks, tubes, flooring and wall base in the 8 two bedroom units. 3 of the units already have a new bathtub to remain. Prepare bathroom for new sinks, vanities, tubs, toilets, fixtures, grab bars, flooring, wall tile, and paint. Remove all metal bi-fold doors in all 50 units.

New Work – Install new water saving plumbing, low-flush handicap toilet, vanity and sink, grab bars, tube and surrounds, flooring, VCT and paint in the 8 two bedroom units. Install new bi-fold doors and hardware in all 50 units.



TOMPKINS ARCHITECTS

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

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

Duncan Estates

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

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

Summary

Lee Haven

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

Duncan Estates

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

Attachments

- Cost Estimate

--- END OF MEMORANDUM ---

**CONSTRUCTION MANAGEMENT RESOURCES, LLC**ESTIMATING • SCHEDULING • PROJECT MANAGEMENT • CONSULTING
5201 JOHNSON DRIVE, SUITE 330, MISSION, KANSAS 66205 (913) 262-6715 • FAX (913) 262-1380

Lee's Summit Housing Authority - New Interior Doors and RR Remodel
Lee's Summit, MO
Tompkins Architects
SD Estimate 08/17/2016

DESCRIPTION			TOTAL
01 00 00	GENERAL CONDITIONS		23,967
02 41 00	DEMOLITION		38,234
06 10 00	VANITY		38,000
08 11 00	DOOR & FRAMES		101,418
09 25 00	FLOORING		89,280
09 90 00	PAINTING		18,610
22 00 00	PLUMBING		193,800
	subtotal		503,308
	Contractor's Fee	10%	50,331
	subtotal		553,639
	Design/Estimate Contingency	15%	83,046
	subtotal		636,685
	Escalation to Mid-Point - 12/15/2016	1.0%	6,306
	TOTAL		642,991

DESCRIPTION	QUANTITY	UNIT \$	TOTAL
02 41 00 DEMOLITION			
Demo Bi-Fold Doors	358 EA	35.00 :	12,530
Demo RR Flooring	76 units	125.00 :	9,500
Demo Toilets	76 EA	35.00 :	2,660
Demo Tubs or Showers and Vanity's	76 EA	100.00 :	7,600
		0.00 :	0
Haul Off	238 CY	25.00 :	5,944
			38,234
06 10 00 VANITY			
New Vanity Cabinet and Counter	76 EA	350.00 :	26,600
New Trim in RR	76 EA	150.00 :	11,400
			38,000
08 11 00 DOOR & FRAMES			
Pre-hung Swing Doors	358 EA	283.29 :	101,418
			101,418
09 25 00 FLOORING			
New Flooring in RR	3,040 SF	3.16 :	9,598
New Wall Tile	15,808 SF	5.04 :	79,682
			89,280
09 90 00 PAINTING			
Paint Door/Frame and Seal	358 EA	35.00 :	12,530
Paint Ceiling	3,040 SF	2.00 :	6,080
			18,610
22 00 00 PLUMBING			
New Water Closet	76 EA	850.00 :	64,600
New Tub or Shower	76 EA	1,250.00 :	95,000
New Vanity Sink/Faucet	76 EA	450.00 :	34,200
			193,800



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program APPLICATION FORM FOR CONSTRUCTION/ REHAB/ ACQUISITION/ DEMOLITION Admin PROGRAM YEAR 2017-2018

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 17, 2017
~Planning & Special Projects Department, City of Lee's Summit, 220 SE Green St, Lee's Summit, Missouri, 64063~

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

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

* Activities for special economic development may not fit this form per HUD regulations. You may need to use form for Economic Development. If not sure, please contact the City for additional instructions.

SECTION I --- Summary

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

(1.1) Applicant Agency Name:		(1.22) Program/Project Title:	
(1.2) Not-for-profit organization (with active 501(c) status)?		(1.23) Location of Project: (Check one)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit	
(1.3) Faith-based organization?		(1.24) Status: (Check one)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<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	
(1.4) Agency's Street Address: (PO Box Not Acceptable without City's Consent)		(1.25) Total Estimated Project Cost: (Do not fill this blank until you finish the entire form)	
220 SE Green St		\$ 150K	
(1.5) City/State/Zip:		(1.26) Cost Estimate Is Based on: (You may attach the estimate details)	
Lee's Summit, MO 64063		Program History	
(1.6) Agency's DUNS #:		(1.27) Cost Estimate Includes: (Majority of construction and reconstruction projects require these for procurement)	
On File		<input type="checkbox"/> Property Survey <input type="checkbox"/> Engineering Design <input type="checkbox"/> Bid Advertising (at minimum 2 papers) N/A	
(1.7) Total Organization Annual Budget in FY2016-17:		(1.28) Cost Estimate Also Includes: (May be required for procurement)	
N/A		<input type="checkbox"/> Prevailing Wages for Construction Workers (Davis-Bacon) <input checked="" type="checkbox"/> N/A	
(1.8) Executive Director:		(1.29) # of Clients to be Served: (Only clients enrolled for service)	
Stephen Arbo		+/- 15	
(1.9) Telephone/Fax:		(1.30) Client Eligibility by CDBG Definition: (Check one)	
T: 816-969-1010 F: 816-969-1020		<input checked="" type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> Area Benefit (must be either HUD designated L/M income Census geographic area or well-defined service boundaries where at least 51% of all residents are of L/M income. For the latter, an income survey is required.) <input type="checkbox"/> None of the Above	
(1.10) Email Address:		(1.31) Amount of CDBG Funding Request for 2017-18: (Please round to the nearest dollar)	
stephen.arbo@cityofls.net		\$ 150K	
(1.11) Governed by Board of Directors?		(1.32) Specifically what will CDBG Funds Pay For? (Be as specific as possible and avoid using general terms.)	
Yes <input checked="" type="checkbox"/> City Council No <input type="checkbox"/>		Minor Home Repair for the exterior of single-family, owner-occupied homes and minor repairs to private sanitary sewers.	
(1.12) Total Annual Federal Grants in FY2016-17:		(1.33) If Expected, are the Other Funds Secured?	
N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(1.13) Total Federal \$\$\$ Expended during Agency's FY2016-17: (If the total federal expenditure is \$500,000 and over, you are required to submit a copy of your Circular A-133 Audit Report.)			
Below \$500K			
(1.14) Prior Experience with Similar Projects Funded with Federal Grant?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No, skip the next question)			
(1.15) Name the Most Recent Such Project and Year:			
Minor Home Repair Program 16/17			
(1.16) Project Manager:			
Tracy Deister			
(1.17) Telephone/Fax:			
T: 816-969-1203 F: 816-969-1201			
(1.18) Email Address:			
tracy.deister@cityofls.net			
(1.19) Project Key Contact:			
Jessica Asher			
(1.20) Telephone/Fax:			
T: 816-969-1218 F: 816-969-1201			
(1.21) Email Address:			
jessica.asher@cityofls.net			
(1.34) Project Type: (Check one)		(1.35) Brief Description of the Project and the Impact the Requested CDBG Grant will have: (150 words or less)	
<input type="checkbox"/> Acquisition of Real Property for Public Use <input type="checkbox"/> Demolition <input type="checkbox"/> Not-for-profit Facility Reconstruction <input type="checkbox"/> Not-for-profit Facility New Construction <input type="checkbox"/> Public Facility/Infrastructure Improvement <input checked="" type="checkbox"/> Housing Rehabilitation/Repairs <input type="checkbox"/> Conversion of Non-housing Structure to Housing for L/M Income Residents		The emphasis of the program is on neighborhood conservation. Low to moderate income single-family owner occupied households will be eligible for minor exterior repairs & minor repairs to private sanitary sewer improvements, thus increasing property values, a sense of community and neighborhood pride.	

Planning & Special Projects

SECTION II -- Project Description and Eligibility Information

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

<p>(2.1) Does the Project Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in Census Tract 137.03</p> <p><input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>(2.5) If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p> <p><input 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>	<p style="text-align: center;">N/A</p>
<p>(2.2) Detailed Description of the Project for Which Funds are Requested: <i>(Focus on the physical nature of the project, such as degree of physical deterioration the existing facility and specific improvements needed to correct the problem.)</i></p>	<p>The emphasis of this program is on neighborhood conservation and only minor exterior repairs or minor repairs to private sanitary sewer repair improvements will be eligible. The program will encourage a high level of maintenance among property owners in a neighborhood by providing a grant to help the most visible defects which may adversely affect the value of the home and surrounding properties.</p>	<p>(2.6) Project Objectives: <i>(Check closest one)</i></p> <p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as eliminating physical barriers for the disabled)</p> <p><input type="checkbox"/> Providing decent housing (such as eliminating serious safety hazards from affordable housing)</p> <p><input type="checkbox"/> Creating economic opportunities (such as creating new jobs for the disadvantaged population)</p>	<p>(2.7) Project Outcomes: <i>(Check closest one)</i></p> <p><input type="checkbox"/> Availability/Accessibility (Making needed facility available/accessible to qualified clients)</p> <p><input type="checkbox"/> Affordability (Making the facility affordable to qualified clients)</p> <p><input checked="" type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>(2.3) Detailed Justification of the Need: <i>(Explain why the issue has not been addressed and what has prevented it from being addressed. Explain also why CDBG will be the only solution to the issue.)</i></p>	<p style="text-align: center;">N/A</p>	<p>(2.8) If Applicable, What Year was the Same Improvement done Last Time to the Same Facility?</p> <p>Year _____ N/A _____</p>	<p>(2.9) If Continuing Project, Describe Briefly How it has been Financially Supported in Recent Years?</p> <p style="text-align: center;">Community Development Block Grant</p>
		<p>(2.10) If This Project is not Funded, What Impact will it have on the Number of Clients Served?</p> <p><input type="checkbox"/> Will Not Change <input type="checkbox"/> Will Decrease Slightly <input type="checkbox"/> Will Decrease Significantly <input checked="" type="checkbox"/> No Clients Will be Served <input type="checkbox"/> No Additional Clients Will be Served</p>	
		<p>(2.11) If this Project is Not Funded in this Program Cycle, Your Agency or Service: <i>(Check all that apply.)</i></p> <p><input checked="" type="checkbox"/> Will Not be Hurt as a Result <input type="checkbox"/> Will Face Legal Liabilities <input type="checkbox"/> Will Face Termination of a Critical Program <input type="checkbox"/> Will Face Growing Complaints from Clients <input type="checkbox"/> Will Face Code Violation Citations and Penalties <input type="checkbox"/> Other _____</p>	
		<p>(2.12) Factors Potentially Affecting the Implementation of this Project: <i>(Check all that apply.)</i></p> <p><input type="checkbox"/> Likely Personnel Change at the Agency <input type="checkbox"/> No Procurement Professional on Staff Familiar with Federal Procurement Rules <input type="checkbox"/> Relocation of Current Service from the Existing Facility to Allow Construction <input type="checkbox"/> Availability and Timing of Other Funds for this Project <input type="checkbox"/> Approval from Other Authorities <input type="checkbox"/> Design/Redesign of the Facility <input type="checkbox"/> Lack of Records Detailing the Physical Nature of the Existing Facility <input checked="" type="checkbox"/> Weather-sensitive <input type="checkbox"/> Other Possible External Factors</p>	



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



SECTION III --- Project Budget

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

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

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

FY 2017-2018 Project Budget

(3.1) Service/Cost Type	(3.2) Agency Priority (1=highest)	(3.3) Total Project Cost (Must equal sum of A to F)	(3.4) Agency's Own Funds (A)	(3.5) Known Cash and In-Kind Donations (B)	(3.6) Other Federal Funds		(3.7) State & Local Grants		(3.8) All Other Funds (E)	(3.9) Desired CDBG Amount (F)
					(3.6.1) Amount (C)	(3.6.2) Applied / Granted?	(3.7.1) Amount (D)	(3.7.2) Applied / Granted?		
(3.1.1) ACQUISITION										
Land		\$	\$	\$	\$		\$		\$	\$
Real Property with Existing Building		\$	\$	\$	\$		\$		\$	\$
(3.1.2) PROFESSIONAL SERVICES (As required for procurement)										
Property Survey		\$	\$	\$	\$		\$		\$	\$
Engineering Design/Redesign		\$	\$	\$	\$		\$		\$	\$
Scope of Service & Specifications		\$	\$	\$	\$		\$		\$	\$
(3.1.3) CONSTRUCTION/REHAB										
Demolition/Removal		\$	\$	\$	\$		\$		\$	\$
Site Preparation		\$	\$	\$	\$		\$		\$	\$
Construction	1	\$ 150,000	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0	\$ 150,000
Rehabilitation		\$	\$	\$	\$		\$		\$	\$
Lead-based Paint Abatement		\$	\$	\$	\$		\$		\$	\$
(3.1.4) LABOR										
Contract Labor		\$	\$	\$	\$		\$		\$	\$
(3.1.5) MATERIALS/SUPPLIES										
Materials and Supplies (Not furnishing, fixtures or equipment)		\$	\$	\$	\$		\$		\$	\$
Manufactured Installation Systems		\$	\$	\$	\$		\$		\$	\$
Eligible Appliances Permanently Affixed to Structure		\$	\$	\$	\$		\$		\$	\$
(3.1.6) FEES/OTHER OVERHEAD										
Permit Fee(s)		\$	\$	\$	\$		\$		\$	\$
Other Fees		\$	\$	\$	\$		\$		\$	\$
Required Advertising (If required, ads must be published in at least 2 papers)		\$	\$	\$	\$		\$		\$	\$
(3.10) TOTALS		\$ 150,000	\$ 0	\$ 0	\$ 0		\$ 0		\$ 0	\$ 150,000
Notes										

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

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

(3.11) Item	(3.12) Description of Methods and Sources	(3.13) Notes
1	Based on the history of previous years	N/A

Projections of Project Costs and Funding Needs for FY 2017-18 through 2021-22*

(3.14) Fiscal Year	(3.15) Total Project Costs	(3.16) Projected Funding by Funding Sources						(3.17) Number of Clients to be Benefitted
		(3.16.1) Agency Funds	(3.16.2) Donations	(3.16.3) CDBG	(3.16.4) Other Federal Funds	(3.16.5) State & Local Grants	(3.16.6) All Other Funds	
2018-19	\$ 150,000	\$ 0	\$ 0	\$ 150,000	\$ 0	\$ 0	\$ 0	15
2019-20	\$ 150,000	\$ 0	\$ 0	\$ 150,000	\$ 0	\$ 0	\$ 0	15
2020-21	\$ 150,000	\$ 0	\$ 0	\$ 150,000	\$ 0	\$ 0	\$ 0	15
2021-22	\$ 150,000	\$ 0	\$ 0	\$ 150,000	\$ 0	\$ 0	\$ 0	15

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



SECTION IV -- Agency Capacity Assessment and Project Management System

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

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

(4.1) List all Members of Your Current Board of Directors:	Name 2016 City Council Members 	Telephone 	(4.5) Displacement of Persons? <i>(It is the City's policy that no persons should be displaced due to a CDBG-funded activity.)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure					
(4.2) Does Your Agency / Division in Charge of the Project CDBG Funding is Requested for have: <i>(Check all that apply)</i>	<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"/> Designated project manager <input checked="" type="checkbox"/> Full-time secretarial/clerical person <input 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 type="checkbox"/> Computerized client information system <input checked="" 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 checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar project within this agency funded with Federal grant from another government entity other than the City of Lee's Summit		(4.6) Describe your Agency's In-take and Client Eligibility Verification and Determination Procedure for Clients this Project Serves: <i>(It is required that you attach to this application a copy of your program in-take form.)</i>	Use of approved application process				
(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		(4.7) Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Make up the difference with other funds available to the agency <input checked="" type="checkbox"/> Phase the project out and do only a portion this year (future funding not guaranteed) <input type="checkbox"/> Withdraw application and cancel the project <input type="checkbox"/> Withdraw application but proceed with the project <input type="checkbox"/> No sure what we can do with that amount				
When a property, facility or product is acquired, built or improved upon with CDBG financing, it will be considered a public property/facility. Any future income generated as a result of collection of user fees or sale of property must be reported and returned to the City as CDBG program income.			(4.8) Minimum Amount of CDBG Funds Needed to Make This Project Work:	<table border="1"> <tr> <td>(4.8.1) Amount</td> <td>(4.8.2) Why</td> </tr> <tr> <td>\$ N/A</td> <td>N/A</td> </tr> </table>	(4.8.1) Amount	(4.8.2) Why	\$ N/A	N/A
(4.8.1) Amount	(4.8.2) Why							
\$ N/A	N/A							
(4.4) If CDBG-funded, the Property, Facility or Product will be: <i>(Check all that apply)</i>	<input type="checkbox"/> Used without user fees <input type="checkbox"/> Leased to other agencies resulting in a lease income <input type="checkbox"/> Will be sold when no longer needed <input type="checkbox"/> Will be donated		(4.9) Project Schedule – Your Agency Plans to Start Project Construction:	<input checked="" type="checkbox"/> Before end of 2017 <input type="checkbox"/> Within first half of 2018 <input type="checkbox"/> Within second half of 2018 <input type="checkbox"/> Totally depending on when other funding becomes available <input type="checkbox"/> Not sure for other reasons				
	N/A		(4.10) Procurement Options: <i>(If procurement is done by the subrecipient, it must be done in accordance with the requirements of Attachment O of OMB Circular A-110, Procurement Standards.)</i> <input checked="" type="checkbox"/> Agency will do procurement for this project <input type="checkbox"/> Agency desires the City to do procurement for this project (All procurement associated cost is your Agency's responsibility) <input type="checkbox"/> Undecided	Notes: 				

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



SECTION V --- Certifications

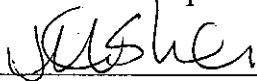
Please print clearly and make sure all blanks are completed unless instructed otherwise.

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

The City 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.

Signature – Person Completing the Application



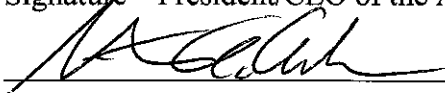
Title

Community Standards Officer

Date

02/02/2017

Signature – President/CEO of the Agency



Title

City Manager

Date

2/3/17

Signature – Board of Directors Chair

Title

Date

##

