



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2024-25

Agency Name Coldwater of Lee's Summit

Name of the Program/Project BackSnacks/Weekend Food Packs

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Table with columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Planning and CDBG Administration, Public Services, Housing and Homelessness, and Public Infrastructure.

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2024-25**

All applications must be submitted by 5:00 p.m. Friday, February 2, 2024. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Coldwater of Lee's Summit	Program/Project Title:	BackSnacks/Weekend Food Packs
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Program Service Address:	Meadow Lane Elementary 1421 NE Independence Ave. Lee's Summit, MO 64086 and other schools
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	838 SW Blue Parkway	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
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2024-25 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
Agency's UEI#:	UQEHFZL55AY5	Total Estimated Cost:	\$64,500
Total Organization Annual Budget in FY 2024-25:	\$373,001.04	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> • Total estimated budget will serve (#) <u>258</u>. • If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>250</u>. • <input type="checkbox"/> Average cost for each client is not relevant for this program. • Without CDBG assistance, this program will serve (#) <u>226</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2024-25:	0 <i>(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement)</i>	CDBG Funding Request for 2024-25	\$8,000
Executive Director:	Monica Humbard	In 2024, 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
Phone/E-Mail	T:816-786-0758 E: director@coldwater.me	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2023-24:	\$5,466		
Program Administrator/ Key Contact Person:	Monica Humbard		
Phone/ E-Mail:	T:816-786-0758 E: director@coldwater.me		
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		

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Coldwater partners with Harvesters to provide up to 158 weekend food packs through the Harvesters BackSnack program and purchases product to pack an additional up to 100 weekend food packs for chronically hungry preschool, elementary, middle school, and high school students in the Lee's Summit School District. Research has shown that children who receive weekend food packs perform better academically and behaviorally in school and have fewer absences and tardies. The weekend food packs also provide nutritional meals benefitting overall health for the children.</p>
--	---

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<p><input checked="" type="checkbox"/> Benefiting low-to-moderate income persons</p> <p><input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City)</p> <p><input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)</p> <p><input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)</p> <p><input type="checkbox"/> None of the above (Program is most likely not eligible)</p>	<p>Program Outcomes:</p> <p>(Check closest one)</p>	<p><input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise)</p> <p><input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients)</p> <p><input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)</p>
<p>Program Objectives:</p> <p>(Check closest one)</p>	<p><input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention)</p> <p><input type="checkbox"/> Providing decent housing (such as residential utility assistance)</p> <p><input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)</p>	<p>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>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</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 (Lowest)</p>	<p>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>Describe How Outcomes are Measured:</p>	<p>Currently, we measure outcomes based on the criteria established by CDBG. Harvesters provides information on the evaluation and outcomes of their BackSnacks program. We also rely on feedback from counselors, teachers, and principals at the schools we serve.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2023-24	\$5,466	BackSnacks/Weekend Food Packs	Yes, 22 students received food packs with CDBG funds
2022-23	\$8,000	BackSnacks/Weekend Food Packs	Yes, 32 students received food packs with CDBG funds
2021-22	\$5,525	BackSnacks/Weekend Food Packs	Yes, 22.1 students received food packs with CDBG funds
2020-21	\$5,048	BackSnacks/Weekend Food Packs	Yes, 20.2 students received food packs with CDBG funds

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

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

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

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

FY 2024-25 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Utilities		\$	\$	\$	\$	\$		\$		\$
Insurance		\$	\$	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$	\$	\$	\$	\$		\$		\$
OTHERS										
Meals and Nutrition		\$64,500	\$15,000	\$16,000	\$8,000	\$		\$		\$25,500
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$64,500	\$15,000	\$16,000	\$8,000	\$		\$		\$25,500
Notes										



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.**

Describe your Program In-take and Client Eligibility Verification <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.	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						
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 type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit	Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$2,500</td> <td>To maintain the minimum number of students served</td> </tr> </tbody> </table>	Amount	Why	\$2,500	To maintain the minimum number of students served		
Amount	Why								
\$2,500	To maintain the minimum number of students served								
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	Fee Schedule for this Program, if Fees are Charged for this Service:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Fee Type</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">X No fee for participating in this program</td> </tr> </tbody> </table>	Fee Type	Amount	X No fee for participating in this program			
Fee Type	Amount								
X No fee for participating in this program									
If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Unit Type</th> <th style="width: 30%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> Notes:	Unit Type	Rate Per Unit		\$		\$	Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	<input checked="" type="checkbox"/> All expended before the end of 2024 <input type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2025, 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
Unit Type	Rate Per Unit								
	\$								
	\$								

SECTION V --- Certifications

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

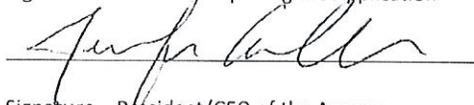
I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify 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.

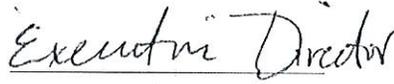


Signature – Person Completing the Application

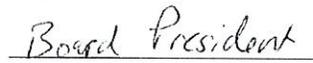


Signature – President/CEO of the Agency

Signature – Board of Directors Chair/President

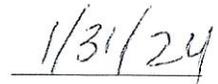


Title

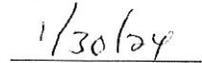


Title

Title



Date



Date

Date





Reorganized School District No. 7

702 SE 291 Highway

Lee's Summit, Missouri 64063

Phone: (816) 986-2200 Fax: (816) 986-2215

Office of Nutrition Services

January 29, 2024

To Whom It May Concern:

The Lee's Summit R7 Nutrition Services Department certifies that students attending Meadow Lane Elementary and receive backpacks from the Back-Snack Program are qualified and participating in the National School Breakfast and Lunch Program for 2023-2024. We also supply the 2023-2024 income guideline chart and a copy of the current Free and Reduced application to the Director of Coldwater.

Thank you,

Lori Danella, MS, SNS

Nutrition Director

Lee's Summit R-7

816-986-2206



LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2024-25

Agency Name Hope House, Inc.

Name of the Program/Project Hope House's Court Advocacy Program

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Table with columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Planning and CDBG Administration, Public Services, Housing and Homelessness, and Public Infrastructure.

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2024-25**

All applications must be submitted by 5:00 p.m. Friday, February 2, 2024. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Hope House, Inc.	Program/Project Title:	Court Advocacy Program
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	Lee's Summit Police Department & Municipal Court, Confidential Hope House Address
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	PO Box 577	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
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2024-25 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
Agency's DUNS #:	UEI: CWMWZ4U2BQP5	Total Estimated Cost:	\$551,00.00
Total Organization Annual Budget in FY 2024-25:	\$ 7,671,712.02	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) 300 If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$)_____. <input checked="" type="checkbox"/> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) <u>200</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2024-25:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$ 3,630,234.59	CDBG Funding Request for 2024-25	\$20,000.00
Executive Director:	MaryAnne Metheny	In 2024, 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
Phone/E-Mail	T: 816-257-9331 E: mmetheny@hopehouse.net	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2023-24:	\$ 3,320,175.71		
Program Administrator/ Key Contact Person:	Brandi Bair, Director of Grants and Compliance		
Phone/ E-Mail:	T: 816-257-9349 E: BBair@hopehouse.net		
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		

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Hope House's Court Advocacy Program has built a coordinated community response to domestic violence, put a spotlight on offender behavior and accountability, and provided support, resources, and referrals to thousands of domestic violence survivors. Hope House's Court Advocacy Program offers six full-time Advocates 24/7 through an on-call rotation and provides guidance and support in 13 area courts, including Order of Protection Court. Advocates work directly with detectives in five local police departments and have access to domestic violence police reports in ten municipal court jurisdictions. Advocates remain involved with survivors throughout the court process, providing the consistency needed by survivors as they navigate the confusing and oftentimes daunting legal system. If awarded, funds will support the Lee's Summit-based Court Advocate and ensure uninterrupted service provision for survivors of domestic violence residing in Lee's Summit. Hope House estimates CDBG funding will support 90 units of service at \$221.67/unit to 100 survivors.</p>
--	--

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<input type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input checked="" type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>Program Outcomes:</p> <p>(Check closest one)</p> <input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
<p>Program Objectives:</p> <p>(Check closest one)</p>	<input checked="" type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		<p>Describe How Outcomes are Measured:</p>	<p>Hope House utilizes customized evaluation tools in addition to staff observations to evaluate program outcomes. Voluntary satisfaction surveys are given to clients at the time in which they engage with services. Evaluation results are entered into the agency's client database and analyzed on a quarterly and annual basis.</p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2023-24	\$13,650.00	Court Advocacy Program	In Progress
2022-23	\$9,862.90	Court Advocacy Program	Yes
2021-22	\$10,225.20	Children's Therapy Program	Yes
2020-21	\$12,600.00	Children's Therapy Program	Yes

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

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

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

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

FY 2024-25 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$ 329,500.00	\$	\$ 5,000.00	\$ 10,150.47	\$ 221,100.00	Granted	\$ 91,600.00	Granted & Applied	\$ 1,649.53
Fringe Benefits		\$ 76,800.00	\$	\$ 1,000.00	\$ 3,380.15	\$ 50,200.00	Granted	\$ 22,000.00	Granted & Applied	\$ 219.85
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$ 3,500.00	\$	\$ 100.00	\$ 100.00	\$ 2,600.00	GRANTED	\$ 600.00	Granted & Applied	\$ 100.00
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		6,200.00 \$	\$	100.00 \$	100.00 \$	\$ 4,600.00	GRANTED	\$ 400.00		1,000.00 \$
OPERATING EXPENSES										
Utilities		\$ 8,900.00	\$	\$ 200.00	\$ 110.00	\$ 2,000.00	GRANTED	\$ 500.00	Granted & Applied	\$ 6,090.00
Insurance		\$ 16,200.00	\$	\$ 350.00	\$ 115.19	\$ 8,000.00		\$		\$ 7,734.81
Legal Services		\$	\$	\$	\$	\$		\$		\$ 0.00
Transportation Related		\$ 10,200.00	\$	\$	\$ 100.00	\$ 7,900.00	GRANTED	\$ 2,100.00	Granted & Applied	\$ 100.00
OTHERS										
IT Tech Support		\$ 5,400.00	\$	\$ 200.00	\$ 100.00	\$ 4,200.00	GRANTED	\$ 400.00	Granted & Applied	\$ 500.00
Contract Police		\$ 36,000.00	\$	\$	\$	\$		\$ 38,000.00		\$ 0.00
All Other Direct		\$ 1,200.00	\$	\$ 50.00	\$ 100.00	\$	GRANTED	\$	GRANTED & APPLIED	\$ 1,050.00
Indirect Costs		\$ 57,100.00	\$	\$ 5,000.00	\$ 5,744.19	\$ 2,800.00		\$		\$ 43,555.81
TOTALS		\$ 551,000.00	\$	\$ 12,000.00	\$ 20,000.00	\$ 303,400.00		\$ 153,600.00		\$ 62,000.00
<i>Notes</i>	Hope House is the current recipient of funding from the Office on Violence Against Women, Victim's of Crime Act, State Services to Victims Fund, COMBAT, Community Development Block Grant, City of Independence Court Grant and other court fees. Hope House continues to request private funding for this program.									



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Hope House's Court Advocacy Program does not have a formal intake process. Clients access program services through referrals from local police departments, Full Order of Protection Court, and/or other Hope House staff. During non-court contacts, such as call outs, Court Advocates are able to gather more detailed information and provide additional support and resources to survivors. A copy of the information gathered by Advocates as well as resources provided to clients is attached.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p>	<p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input checked="" type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>								
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<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 type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input checked="" type="checkbox"/> Computerized client information system <input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality) <input checked="" type="checkbox"/> Designated independent financial audit service <input checked="" type="checkbox"/> Annual financial audit or financial reporting <input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit 	<p>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Amount</th> <th style="width: 40%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 5,000.00</td> <td>The amount requested is the minimum amount needed to maintain service levels without interruption.</td> </tr> </tbody> </table>	Amount	Why	\$ 5,000.00	The amount requested is the minimum amount needed to maintain service levels without interruption.				
Amount	Why										
\$ 5,000.00	The amount requested is the minimum amount needed to maintain service levels without interruption.										
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation 	<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Type</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> No fee for participating in this program</td> <td></td> </tr> </tbody> </table>	Fee Type	Amount	<input checked="" type="checkbox"/> No fee for participating in this program					
Fee Type	Amount										
<input checked="" type="checkbox"/> No fee for participating in this program											
<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p>	<p><input type="checkbox"/> All expended before the end of 2024</p> <p><input type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2025, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Unit Type</th> <th style="width: 40%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td>Lee's Summit based Court Services</td> <td style="text-align: center;">\$ 221.67</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2">Notes:</td> </tr> </tbody> </table>	Unit Type	Rate Per Unit	Lee's Summit based Court Services	\$ 221.67		\$	Notes:	
Unit Type	Rate Per Unit										
Lee's Summit based Court Services	\$ 221.67										
	\$										
Notes:											



SECTION V --- Certifications

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

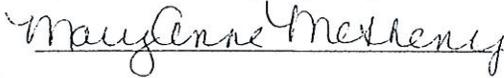
I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify 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.

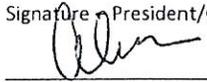
I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking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



Signature – Person Completing the Application



Signature – President/CEO of the Agency



Signature – Board of Directors Chair/President

Brandi Bair, Director of
Grants and Compliance

Title

Chief Executive Officer

Title

Board of Directors Chair

Title

1/23/2024

Date

1/23/24

Date

1/23/24

Date





LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2024-25

Agency Name Lee's Summit Social Services

Name of the Program/Project Operating Expenses

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Table with columns: Need Category, Check All That Apply, and Goals and Priority Needs. Rows include Planning and CDBG Administration, Public Services, Housing and Homelessness, and Public Infrastructure.

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2024-25**

All applications must be submitted by 5:00 p.m. Friday, February 2, 2024. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Lee's Summit Social Services	Program/Project Title:	Operating Expenses
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	108 SE 4th Street, Lee's Summit, Mo 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	108 SE 4th Street	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
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2024-25 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
Agency's DUNS #:	805698255	Total Estimated Cost:	\$50,975.00
Total Organization Annual Budget in FY 2024-25:	\$ 665,100.00	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) <u>2,500</u> 2500 If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>2,040</u> 2500 <input checked="" type="checkbox"/> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) <u>2,500</u> clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2024-25:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$ 20,000.00	CDBG Funding Request for 2024-25	\$25,000
Executive Director:	Megan Salerno	In 2024, 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
Phone/E-Mail	T: 816-525-4357 E: megan@lssocialservices.com	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2023-24:	\$ 20,000		
Program Administrator/ Key Contact Person:	Megan Salerno		
Phone/ E-Mail:	T: 816-525-4357 E: megan@lssocialservices.com		
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		

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Lee's Summit Social Services is an emergency assistance agency that provides basic necessities to low-income individuals and families in the community. The agency maintains careful records and all reports provide an accurate count of the individuals served, with no duplication. The Community Development Block Grant (CDBG) funds have a significant impact on our community in several ways. One of the most significant annual expenditures of the agency includes utilities, insurance, and vehicle costs incurred through full-time operations. The grant funds received from CDBG enable the agency to be reimbursed for those expenditures and then allocate that money towards serving the community.</p>
--	---

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>Program Outcomes:</p> <p><i>(Check closest one)</i></p>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
<p>Program Objectives:</p> <p><i>(Check closest one)</i></p>	<input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<input checked="" type="checkbox"/> 100% or Close <input type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		<p>Describe How Outcomes are Measured:</p>	<p><small>We measure our success by collecting data through client intakes conducted by our social worker and upload into the MAAC Software for reporting. This data provides us with valuable insights on the demographics of our clients, as well as the number and percentage of clients we have been able to assist. These reports demonstrate that LSSS has been effective in preventing homelessness, utility shutoffs, and hunger among our clients.</small></p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2023-24	\$20,470.00	Operating Expenses	Yes
2022-23	\$18,685.00	Operating Expenses	Yes
2021-22	\$16,940.29	Operating Expenses	Yes
2020-21	\$17,640.00	Operating Expenses	Yes

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

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

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

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

FY 2024-25 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$	\$	\$	\$	\$		\$		\$
Fringe Benefits		\$	\$	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$	\$	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$	\$	\$	\$	\$		\$		\$
OPERATING EXPENSES										
Utilities		\$ 22,940.00	\$ 10,000.00	\$	\$ 12,940.00	\$		\$		\$
Insurance		\$ 25,035.00	\$ 14,475.00	\$	\$ 10,560.00	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$ 3,000.00	\$ 1,500.00	\$	\$ 1,500.00	\$		\$		\$
OTHERS										
Meals and Nutrition		\$	\$	\$	\$	\$		\$		\$
Rental Assistance		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
		\$	\$	\$	\$	\$		\$		\$
TOTALS		\$ 50,975.00	\$ 25,975.00	\$	\$ 25,000.00	\$		\$		\$
Notes										



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.

Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>	Lee's Summit Social Services uses the MAAC intake form which requires clients state and federal identification, all household members names, dates of birth, social security numbers, income, and address verification. Budget workup is done by a social worker and eligibility is determined by income guidelines and emergency needs. Assistance is given and referrals are made as needed.	Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference: <ul style="list-style-type: none"> <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 								
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 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 	Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Amount</th> <th style="width: 40%;">Why</th> </tr> <tr> <td style="text-align: center;">\$ 20,000.00</td> <td>As utility and insurance costs are mainly fixed, we will help all clients as needs arise, but may have to lower the amount per client.</td> </tr> </table>	Amount	Why	\$ 20,000.00	As utility and insurance costs are mainly fixed, we will help all clients as needs arise, but may have to lower the amount per client.				
Amount	Why									
\$ 20,000.00	As utility and insurance costs are mainly fixed, we will help all clients as needs arise, but may have to lower the amount per client.									
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 	Fee Schedule for this Program, if Fees are Charged for this Service: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Fee Type</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> No fee for participating in this program </td> </tr> </tbody> </table>	Fee Type	Amount			<input type="checkbox"/> No fee for participating in this program			
Fee Type	Amount									
<input type="checkbox"/> No fee for participating in this program										
If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Unit Type</th> <th style="width: 40%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2">Notes:</td> </tr> </tbody> </table>	Unit Type	Rate Per Unit		\$		\$	Notes:		Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted: <ul style="list-style-type: none"> <input type="checkbox"/> All expended before the end of 2024 <input checked="" type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter <input type="checkbox"/> All expended by the end of June 2025, 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
Unit Type	Rate Per Unit									
	\$									
	\$									
Notes:										



SECTION V --- Certifications

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

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

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

I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-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.

Jonas Schwartz

Signature – Person Completing the Application

Director of Development

Title

2-1-2024

Date

Alfredo Salinas

Signature – President/CEO of the Agency

Executive Director

Title

2-1-2024

Date

Tom Early

Signature – Board of Directors Chair/President

Board Member

Title

2-1-2024

Date





LEE'S SUMMIT MISSOURI

Community Development Block Grant Program

Program Year 2024-25

Agency Name HILLCREST MINISTRIES OF MIDAMERICA
Name of the Program/Project TRANSITIONAL HOUSING CASE MANAGEMENT

You are not required to fill out the rest of the checklist if you have checked all of the above, otherwise proceed to fill out the rest of the checklist.

MEETING THE LEE'S SUMMIT CDBG 2020-2024 CONSOLIDATED PLAN GOALS CHECKLIST

Need Category	CITY OF LEE'S SUMMIT CDBG PROGRAM GOALS AND PRIORITY NEEDS	
	Check All That Apply	Goals and Priority Needs
Planning and CDBG Administration	<input type="checkbox"/>	Planning and CDBG Program Administration (City)
	<input type="checkbox"/>	Increase and Improve Availability of and Access to Information, Especially to Benefit Persons CDBG is Designed to Help
Public Services	<input type="checkbox"/>	Provide Basic Social Service Needs to Eligible Clients (food, nutrition, school supplies, clothing, utility assistance, rental, medical assistance, etc.)
	<input type="checkbox"/>	Provide Transportation for Eligible Clients (to access social services)
	<input type="checkbox"/>	Provide Domestic Violence Assistance (shelters, counseling, daycare, etc.)
	<input type="checkbox"/>	Provide Counseling for Eligible Youth and Adults with Mental, Physical and Substance Abuse Challenges
	<input type="checkbox"/>	Provide Senior Services
	<input type="checkbox"/>	Provide Coordination of CDBG-assisted Public Services
	<input type="checkbox"/>	Provide Counseling for Homeless Persons/Families in Transitional Housing
Housing and Homelessness	<input type="checkbox"/>	Provide/Increase Affordable Housing, including Public Housing
	<input type="checkbox"/>	Housing Rehabilitation and Repairs for Low-Moderate Income Residents
	<input checked="" type="checkbox"/>	Provide Transitional Housing for the Homeless
	<input type="checkbox"/>	Eliminate ADA Barriers to Providing Accessible Housing for Seniors & Disabled Persons
	<input type="checkbox"/>	Provide Shelter for Domestic Violence Victims
Public Infrastructure	<input type="checkbox"/>	Replacing Existing Sidewalks and Fill Sidewalk Gaps (not minor maintenance projects) in LMI Neighborhoods
	<input type="checkbox"/>	Address Storm Drainage Issues in Low-Moderate Income Areas
If None Above Applies, You May Check Here and Explain Your Program Objective.		

This checklist must be submitted with your application. If you have any questions, please contact Development Services Department.



LEE'S SUMMIT
MISSOURI

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2024-25**

All applications must be submitted by 5:00 p.m. Friday, February 2, 2024. Applications can be submitted electronically to cdbg@cityofls.net

SECTION I --- Summary

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

Applicant Agency Name:	Hillcrest Ministries of MidAmerica, Inc.	Program/Project Title:	Transitional Housing Case Management
Not-for-profit organization (with active 501(c) status)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Out of Lee's Summit
Faith-based organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Program Service Address:	501 SW Mission Road; Lee's Summit, MO 64063
Agency's Street Address: (PO Box Not Acceptable without City's Consent)	501 SW Mission Road	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
City/State/Zip:	Lee's Summit, MO 64063	The Plan for 2024-25 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
Agency's DUNS #:	046415892	Total Estimated Cost:	\$250,000
Total Organization Annual Budget in FY 2024-25:	\$ 7,399,916	# of Unduplicated Clients (persons / households / dwelling unit) to be Served in the funding year:	<ul style="list-style-type: none"> Total estimated budget will serve (#) <u>192</u> 192 If CDBG funding is less than requested, the average cost of serving each client is estimated at (\$) <u>1304</u> Average cost for each client is not relevant for this program. Without CDBG assistance, this program will serve (#) <u>120</u> 128 clients.
Total Federal \$\$\$ to be Expended during Agency's FY 2024-25:	(To comply with Federal 2 CFR 200 Audit requirement, the City will require your agency to submit the 2 CFR 200 Compliance Monitoring Form and the most recent Audit Report, if required, at the time of Grant Agreement) \$ 0	CDBG Funding Request for 2024-25	\$20,000
Executive Director:	Tom Lally	In 2024, 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
Phone/E-Mail	T: 913-291-7359 E: tom@hillcrestkc.org	If Expected, are Other Funding Sources Secured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Governed by Board of Directors?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Total Annual Federal Grants in FY 2023-24:	\$ 0		
Program Administrator/ Key Contact Person:	Tom Lally		
Phone/ E-Mail:	T: 913-291-7359 E: tom@hillcrestkc.org		
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		

<p>Brief Description of the Program/Project and the Impact the Requested CDBG funds will have:</p> <p>(150 words or less)</p>	<p>Hillcrest Ministries of Mid-America, Inc. requests support for the Case Manager's salary in our Lee's Summit, Missouri transitional housing location where sixteen transitional housing apartments are provided to homeless households. The Case Manager provides direct supportive services to residents, assisting them with employment, budgeting, life-skills, counseling, reducing or ending welfare benefits, and finding and securing permanent housing.</p>
--	--

SECTION II --- Program Description and Eligibility Information

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

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<input checked="" type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area _____ (if not sure, contact the City) <input type="checkbox"/> Benefiting a well-defined service area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>Program Outcomes:</p> <p>(Check closest one)</p>	<input checked="" type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
<p>Program Objectives:</p> <p>(Check closest one)</p>	<input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input checked="" type="checkbox"/> Providing decent housing (such as residential utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)	<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request:</p>	<input checked="" type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Lowest)	<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p>	<input type="checkbox"/> 100% or Close <input checked="" type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
		<p>Describe How Outcomes are Measured:</p>	<p><small>Outcomes will be measured using client pre and post program surveys and data tracked in the local Homeless Management Information System. The program is evaluated on an ongoing basis, with input from clients, staff, and volunteers, to determine what works, what needs improvement, and if any changes should be implemented.</small></p>

Program History and Performance

Program Year	Amount Funded	Program Name	Goals Met?
2023-24	\$13,850	Transitional Housing	Yes
2022-23	\$13,463	Transitional Housing	Yes
2021-22	\$19,536.64	Transitional Housing	Yes
2020-21	\$25,123.12	Transitional Housing	Yes

If you were unable to meet the program goals or an amendment was needed, please explain:



SECTION III --- Program Budget

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

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

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

FY 2024-25 Program Budget

Cost Type	Agency Priority (1=highest)	Total Program Budget	Agency's Own Funds	Known Monetary and In-Kind Donations	Desired CDBG Amount	Other Federal Funds		State & Local Grants		All Other Funds
						Amount	Applied or Granted?	Amount	Applied or Granted?	
PERSONNEL										
Salaries		\$84000	\$64000	\$	\$20000	\$		\$		\$
Fringe Benefits		\$15000	\$15000	\$	\$	\$		\$		\$
BIG-TICKET EQUIPMENT										
Computers		\$	\$	\$	\$	\$		\$		\$
Appliances		\$	\$	\$	\$	\$		\$		\$
Motorized Vehicle		\$	\$	\$	\$	\$		\$		\$
OFFICE SUPPLIES										
General Office Supplies		\$2000	\$2000	\$	\$	\$		\$		\$
PROGRAM SUPPLIES										
Supplies Required for Carrying out the Program		\$5000	\$	\$	\$	\$		\$		\$5000
OPERATING EXPENSES										
Utilities		\$45000	\$20000	\$	\$	\$		\$		\$25000
Insurance		\$20000	\$20000	\$	\$	\$		\$		\$
Legal Services		\$	\$	\$	\$	\$		\$		\$
Transportation Related		\$2000	\$	\$	\$	\$		\$		\$2000
OTHERS										
Meals and Nutrition		\$5000	\$	\$	\$	\$		\$		\$5000
Rental Assistance		\$20000	\$	\$	\$	\$		\$		\$20000
		\$32000	\$22000	\$	\$	\$		\$		\$10000
		\$5000	\$	\$	\$	\$		\$		\$5000
TOTALS		\$235000	\$143000	\$	\$20000	\$		\$		\$72000
<i>Notes</i>										



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

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

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

<p>Describe your Program In-take and Client Eligibility Verification <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i></p>	<p>Hillcrest applicants must submit a written application in person or via the website. Applicants must then contact Hillcrest daily to express an ongoing interest in the program. Once a program unit is available, the applicant will be invited to interview. A committee of staff members visits with each applicant about their needs, concerns, and goals. When the family attends the interview, it is helpful to have information about debts and sources of income. At that time, we provide more details about the program. A decision is made within 24 hours of the interview as to whether the program is a good fit for the applicant.</p>	<p>Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:</p> <p><input type="checkbox"/> Withdraw application for funding this year</p> <p><input type="checkbox"/> Scale down the program resulting in less clients served</p> <p><input type="checkbox"/> Make changes to the program without reducing the number of clients served</p> <p><input checked="" type="checkbox"/> Make up the differences with other funds available to my agency</p> <p><input type="checkbox"/> No sure what we can do with that amount</p>	<p><input type="checkbox"/> 24-hour designated business phone line or answering service</p> <p><input checked="" type="checkbox"/> Non-home-based office space</p> <p><input checked="" type="checkbox"/> Full-time program manager/administrator</p> <p><input checked="" type="checkbox"/> Full-time secretarial/clerical person</p> <p><input checked="" type="checkbox"/> Certified financial/accounting person on staff</p> <p><input checked="" type="checkbox"/> Certified procurement/purchasing person</p> <p><input checked="" type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)</p> <p><input checked="" type="checkbox"/> Computerized client information system</p> <p><input checked="" type="checkbox"/> Secured client records filing system (for client confidentiality)</p> <p><input checked="" type="checkbox"/> Designated independent financial audit service</p> <p><input checked="" type="checkbox"/> Annual financial audit or financial reporting</p> <p><input checked="" type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.</p> <p><input checked="" type="checkbox"/> Longer than 2 years experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Lee's Summit</p>								
<p>Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i></p>	<p><input checked="" type="checkbox"/> Meet HUD's requirements (will be verified by the City)</p> <p><input type="checkbox"/> Not sure and would need City's assessment to make that determination</p> <p><input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance</p> <p><input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to -</p> <p><input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation</p>	<p>Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Why</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 10000</td> <td>Operating funds for staff members are critical to resident success and difficult to secure.</td> </tr> </tbody> </table>	Amount	Why	\$ 10000	Operating funds for staff members are critical to resident success and difficult to secure.	<p>Fee Schedule for this Program, if Fees are Charged for this Service:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Fee Type</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> No fee for participating in this program</p>	Fee Type	Amount		
Amount	Why										
\$ 10000	Operating funds for staff members are critical to resident success and difficult to secure.										
Fee Type	Amount										
<p>To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:</p>	<p>If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Unit Type</th> <th style="width: 40%;">Rate Per Unit</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p>Notes: Rates are not charged per unit.</p>	Unit Type	Rate Per Unit		\$		\$	<p>Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:</p> <p><input type="checkbox"/> All expended before the end of 2024</p> <p><input checked="" type="checkbox"/> All expended by the end of June 2025, but expenditures will be evenly distributed to each quarter</p> <p><input type="checkbox"/> All expended by the end of June 2025, but the amount of expenditure will vary quarterly depending on demand for service</p> <p><input type="checkbox"/> Not sure how soon and how quickly these funds may be expended</p>			
Unit Type	Rate Per Unit										
	\$										
	\$										



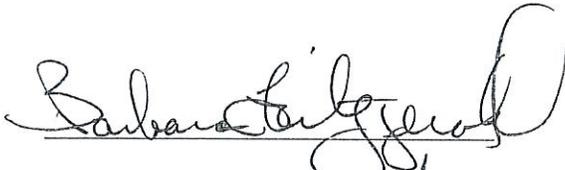
SECTION V --- Certifications

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

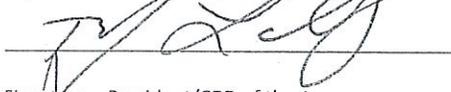
I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify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

Hillcrest Ministries of MidAmerica, Inc. (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.

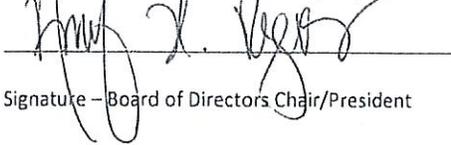
I certify that my agency has reviewed HUD's Playing By the Rules manual (viewable and downloadable at <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>) and fully understands its responsibility for significant records tracking 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



Signature – President/CEO of the Agency



Signature – Board of Directors Chair/President

VP of Development

Title

Pres. & CEO

Title

Board Chair

Title

2/1/24

Date

2-1-24

Date

2/01/24

Date

