Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2014 Project Application will be imported into the FY 2015 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2014 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2015 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	11/13/2015
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MO0016L7E011407
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2015 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Missouri Department of Mental Health

b. Employer/Taxpayer Identification Number (EIN/TIN): 44-6000987

	c. Organizational DUNS:	780871430	**PL US 4**	

d. Address

Street 1: 1706 E. Elm

Street 2:

City: Jefferson City

County: Cole

State: Missouri

Country: United States

Zip / Postal Code: 65102

e. Organizational Unit (optional)

Department Name: Mental Health

Division Name: Housing Unit

f. Name and contact information of person to be contacted on matters involving this application

Prefix:	Ms.
First Name:	Liz
Middle Name:	
Last Name:	Hagar-Mace
Suffix:	
Title:	Housing Director
Organizational Affiliation:	Missouri Department of Mental Health
Telephone Number:	(573) 522-6519
Extension:	
Fax Number:	(573) 526-7797
Email:	Liz.Hagar-Mace@DMH.MO.GOV

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2015 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	A. State Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5900-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Missouri

15. Descriptive Title of Applicant's Project: 2015 SCS (Shelter Plus Care STL City - QoP SRA)

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MO-001, MO-008, MO-006, MO-007, MO-004, MO-005, MO-002, MO-003

b. Project: (for multiple selections hold CTRL key) MO-001, MO-002, MO-003

17. Proposed Project

a. Start Date: 10/01/2016

b. End Date: 09/30/2017

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process:In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt:In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative:The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Lynne
Middle Name:	
Last Name:	Fulks
Suffix:	
Title:	Director, Division of Administrative Services
Telephone Number: (Format: 123-456-7890)	(573) 751-8142
Fax Number: (Format: 123-456-7890)	(573) 751-8574

Email: Lynne.Fulks@DMH.MO.GOV
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 11/13/2015

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $697,614

Organization	Type	Sub-Award Amount
Queen of Peace	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$697,614

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Queen of Peace

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 43-1528548

	*** d. Organizational DUNS:**	616071155	**PL US 4**	

e. Physical Address

Street 1: 325 N. Newstead

Street 2:

City: St. Louis

State: Missouri

Zip Code: 63108

f. Congressional District(s):
(for multiple selections hold CTRL key) MO-001, MO-002, MO-003

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $697,614

j. Contact Person

Prefix: Ms.

First Name: Lara

Middle Name:

Last Name: Pennington

Suffix:

Title: Executive Director

E-mail Address: lpennington@ccstl.org

Confirm E-mail Address: lpennington@ccstl.org
Phone Number: 314-531-0511
Extension:
Fax Number: 314-531-5843

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. APR Submission

Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The project year 10/01/2014 thru 9/30/2015 just ended and the APR is not yet due. The APR for the previous project year 10/01/2013 thru 9/30/2014 was successfully submitted on time.

2. HUD Monitoring Findings

Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Quarterly Drawdowns

Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes

4. Recaptured Funds

Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “9A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MO0016L7E011407

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MO-501 - St. Louis CoC

2b. CoC Collaborative Applicant Name: City of St. Louis

3. Project Name: 2015 SCS (Shelter Plus Care STL City - QoP SRA)

4. Project Status:	Standard
5. Component Type:	PH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. If a coordinated entry process does not exist in the CoC or if the project does not participate, select "No" and the following question will be visible:
- Please explain why your project does not participate in a CoC Coordinated Entry Process as required by 24 CFR part 578

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. The applicant must select “Yes” or “No” from the dropdown.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved FY 2015 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected HUD approved a change from leasing to rental assistance during the FY 2015 GIW process.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

This legacy Shelter Plus Care program, which has been operational for twenty-one years, provides permanent housing/long term rental assistance and support services to individuals with disabilities and their families who are experiencing homelessness. Program data indicate the Department of Mental Health (DMH) effectively and efficiently utilizes HUD funding to assist program participants achieve and maintain stable housing.
Preliminary data for the upcoming APR submission demonstrate the ongoing successes of this program:
• Housing Stability Measure: 95% (est.) of the program participants achieved the housing stability outcome measure.
• Total Income Measure: 60% (est.) of program participants maintained or increased their total income.
• Utilization rates: Average bed utilization rate and the unit utilization rate estimated for this program over 100%.

This program will continue to provide permanent housing/long term rental assistance to homeless and disabled individuals and families in the City of St. Louis, Missouri CoC area that are the hardest to reach and serve, and who tend to utilize the most community resources: individuals with serious mental illness, chronic substance and/or alcohol issues, co-occurring diagnoses and developmental disabilities. Many program participants have multiple health and mental health issues. The homeless individuals identified and served by this project often have difficulty accessing shelter and transitional housing. They lack income and other resources necessary to obtain housing and maintain residential stability. A number of individuals and families served qualify as chronically homeless.

Matching support services are provided by a network of provider agencies funded by
DMH and other community based support service providers. Case managers assist individuals to apply for SSI, SSDI, VA and other benefits. Many case managers are SOAR trained. Case managers assist in applying for mainstream benefits such as food stamps, Medicaid and TANF, and help clients connect with necessary medical services at Federally Qualified Healthcare Centers and Health Care Homes.

DMH contracts with Queen of Peace, a supportive service and housing agency, to provide substance abuse treatment services, assist eligible participants in finding suitable housing, assuring the units meet HUD HQS and to pay monthly rents. Program participants are encouraged to choose housing that gives them the best access to transportation, treatment services, medical care, social services, child care, employment, shopping, recreation and other supports. Case managers work with program participants to obtain housing units and ensure that they can access services they need to maintain housing stability.

2. Does your project participate in a CoC Coordinated Entry Process? Yes

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

4. Housing First

a. Does the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or no income	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Being a victim of domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

d. Does the project follow a "Housing First" approach? Yes

5. Does the PH project provide PSH or RRH? PSH

5a. Does the project request costs under the rental assistance budget line item? Yes

5b. Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)) No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Monthly
Assistance with Moving Costs			
Case Management		Subrecipient	Monthly
Child Care		Subrecipient	As needed
Education Services			
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	Monthly
Housing Search and Counseling Services		Subrecipient	Annually
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Subrecipient	As needed
Outreach Services		Subrecipient	Daily
Substance Abuse Treatment Services		Subrecipient	Weekly
Transportation		Non-Partner	As needed
Utility Deposits		Applicant	As needed

3. Please identify whether the project includes the following activities:

3a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

3b. Use of a single application form for four or more mainstream programs?	No
3c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
4. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 71

Total Beds: 123

Total Dedicated CH Beds: 0

Total Prioritized CH Beds: 10

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Single family homes/townhou...	71	123	0	123

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If none of the beds are not dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "2c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 71

b. Beds: 123

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?	0
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?	123
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?	10
d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year?	10

4. Address:

Street 1:

Street 2:

City: St. Louis

State: Missouri

ZIP Code:

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

294626 St Louis

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	42	29	0	71

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total

Adults over age 24	50	25		75
Adults ages 18-24	3	4		7
Accompanied Children under age 18	81		0	81
Unaccompanied Children under age 18			0	0
Total Persons	134	29	0	163

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked. Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	0	2	40	0	20	10	5	2	10
Adults ages 18-24	2	0	1	3	0	3	1	1	0	0
Children under age 18	0			0	0	0	0	5	0	76
Total Persons	5	0	3	43	0	23	11	11	2	86

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	4		0	25	1	10	5	3	1	0
Adults ages 18-24		0	0	4	0	4	2	1	1	0
Total Persons	4	0	0	29	1	14	7	4	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

None

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

45%	**Directly from the street or other locations not meant for human habitation.**
35%	**Directly from emergency shelters.**
	Directly from safe havens.

45%	**Directly from the street or other locations not meant for human habitation.**
20%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.**
	Persons fleeing domestic violence.
100%	**Total of above percentages**

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units/project and moved into another permanent housing situation. If transitional housing or a safe haven, only count persons who have exited your units/project and moved into a permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe that are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
1a. PSH: Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	138	163	85%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project exit.	53	82	65%
OR			
2b. Adults who maintained or increased their earned income as of the end of the operating year or project exit.	0	0	0%

6B. Additional Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS; MANDATORY FOR SSO COORDINATED ENTRY

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Proposed Measure
Program participa...

6B. Additional Performance Measures Detail

Instructions:

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: (required) Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required) Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%) (Calculated)
Program participants will access/acquire at least one non-cash/mainstream resource.	122	163	75%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Data recorded in HMIS by DMH at program entry, annual recertification and, if applicable, program exit.

3. Specific data elements and formula proposed for calculating results

APR Questions 26a2 and 26b2: the combined "n" of those receiving at least one non-cash resource. Q26a1 and Q26b2 to verify type.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

It is an exact measure of the proposed measure.

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.
Select a grant term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2015 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operations	
HMIS	

7D. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$649,572
Total Units:	71

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	IL - St. Louis, MO-IL HUD Metro FMR A...	71	$649,572

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2015 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2015 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit)

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: IL - St. Louis, MO-IL HUD Metro FMR Area (1701399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$400	$400	x			=	$0
0 Bedroom	14	x	$533	$533	x			=	$89,544
1 Bedroom	25	x	$633	$633	x			=	$189,900
2 Bedrooms	14	x	$816	$816	x			=	$137,088
3 Bedrooms	16	x	$1,063	$1,063	x			=	$204,096
4 Bedrooms	2	x	$1,206	$1,206	x			=	$28,944
5 Bedrooms		x	$1,387	$1,387	x			=	$0
6 Bedrooms		x	$1,568	$1,568	x			=	$0
7 Bedrooms		x	$1,749	$1,749	x			=	$0
8 Bedrooms		x	$1,930	$1,930	x			=	$0
9 Bedrooms		x	$2,111	$2,111	x			=	$0
Total Units and Annual Assistance Requested	71								$649,572
Grant Term									1 Year
Total Request for Grant Term									$649,572

Click the 'Save' button to automatically calculate totals.

7H. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$174,404
Total Value of All Commitments:	$174,404

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$800,000
Total Value of All Commitments:	$800,000

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	In-Kind	Government	Missouri Departme...	10/13/2015	$174,404
Leverage	In-Kind	Government	Missouri Departme...	10/13/2015	$800,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Missouri Department of Mental Health
5. Date of Written Commitment:	10/13/2015
6. Value of Written Commitment:	$174,404

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen “7I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Missouri Department of Mental Health
5. Date of Written Commitment:	10/13/2015
6. Value of Written Commitment:	$800,000

7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2015 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “7H. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “7H. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “7H. Sources of Match/Leverage” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$649,572

3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$649,572
7. Admin (Up to 10%)	$45,470
8. Total Assistance plus Admin Requested	$695,042
9. Cash Match	$0
10. In-Kind Match	$174,404
11. Total Match	$174,404
12. Total Budget	$869,446

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501C3	09/24/2014
2) Other Attachment	No	Match and Leverage	10/14/2015
3) Other Attachment	No	Forms	10/14/2015

Attachment Details

Document Description: 501C3

Attachment Details

Document Description: Match and Leverage

Attachment Details

Document Description: Forms

8B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Lynne Fulks

Date: 11/13/2015

Title: Director, Division of Administrative Services

Applicant Organization: Missouri Department of Mental Health

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

9B Submission Summary

Page	Last Updated
1A. Application Type	10/06/2015
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/06/2015
1E. Compliance	10/06/2015
1F. Declaration	10/06/2015
2A. Subrecipients	10/14/2015
2B. Recipient Performance	10/06/2015
3A. Project Detail	10/06/2015
3B. Description	10/14/2015
4A. Services	10/06/2015
4B. Housing Type	10/14/2015
5A. Households	10/14/2015
5B. Subpopulations	10/06/2015
5C. Outreach	10/06/2015
6A. Standard	10/14/2015
6B. Additional Performance Measures	10/14/2015
7A. Funding Request	10/06/2015
7D. Rental Assistance	10/14/2015
7H. Match/Leverage	10/14/2015
7I. Summary Budget	No Input Required
8A. Attachment(s)	10/14/2015
8B. Certification	10/06/2015

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: June 27, 2012

Person to Contact:
Roger Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
53-0196617
Group Exemption Number:
0928

United States Conference of Catholic Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 26, 2012, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(I).

With your request, you provided a copy of the *Official Catholic Directory for 2012*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2012* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. *See* IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Thomas

Cindy Thomas
Manager, Exempt Organizations
Determinations

The Official Catholic Directory

for the Year of Our Lord

2012

GIVING STATUS OF THE CATHOLIC CHURCH AS OF JANUARY 1, 2012

Containing Ecclesiastical Statistics of

THE UNITED STATES, PUERTO RICO,
THE VIRGIN ISLANDS, AGANA, CAROLINE AND MARSHALL ISLANDS,
AND FOREIGN MISSIONARY ACTIVITIES.

The information contained in this Directory is derived from reports submitted to the publishers by the ecclesiastical authorities of the countries concerned, and neither the publishers nor the ecclesiastical authorities assume responsibility for any errors or omissions.

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300 Connell Drive, Suite 2000, Berkeley Heights, NJ 07922
To place an order call: 1-800-473-7020

Most Reverend

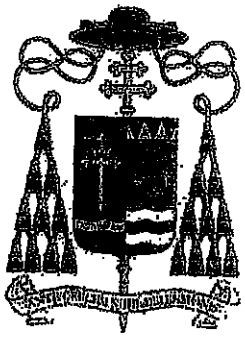
ROBERT JAMES CARLSON

Archbishop of St. Louis; ordained May 22, 1970; appointed Titular Bishop of Aviocala and Auxiliary Bishop of Saint Paul and Minneapolis November 22, 1983; consecrated January 11, 1984; appointed Coadjutor Bishop of Sioux Falls January 13, 1994; Succeeded to the See March 21, 1995; appointed Bishop of Saginaw December 29, 2004; installed February 24, 2005; appointed Archbishop of St. Louis April 21, 2009; installed June 10, 2009. *Office: 20 Archbishop May Dr., St. Louis, MO 63119-5788.*

Most Reverend

EDWARD M. RICE, D.D.

Bishop of Saint Louis; ordained January 3, [illegible]; appointed Auxiliary Bishop of St. Louis and Bishop of Sitka December 1, 2010; consecrated [illegible]. *Office: 20 Archbishop May Dr., St. Louis, MO 63119-5788.* Tel: 314-792-7000.



20 Archbishop May Dr., St. Louis, MO 63119-5788. Tel: 314-792-7005; Fax: 314-792-7730.

Web: www.archstl.org

Email: communication@archstl.org

Most Reverend

ROBERT J. HERMANN, D.D.

Retired Auxiliary Bishop of St. Louis; ordained March 30, 1963; appointed Auxiliary Bishop of St. Louis October 16, 2002; ordained December 12, 2002; retired December 1, 2010. *Office: 20 Archbishop May Dr., St. Louis, MO 63119.*

Square Miles 5,968.

Diocese July 18, 1826; Archdiocese July 20, 1847.

Comprises that portion of the State of Missouri bounded on the north by the northern line of the County of Lincoln; on the west by the western lines of the Counties of Lincoln, Warren, Franklin and Washington; on the south by the southern lines of the Counties of Washington, St. Francois and Perry; on the east by the Mississippi River.

Heavenly Patrons—Saint Louis, King, Saint Vincent de Paul and Saint Rose Philippine Duchesne.

For legal titles of parishes and archdiocesan institutions, consult the Catholic Center.

STATISTICAL OVERVIEW

[illegible]	1
[illegible] Bishops	1
[illegible]	1
[illegible]	1
[illegible]	2
[illegible] Diocesan Active in Diocese	237
[illegible] Diocesan Active Outside Diocese	14
[illegible] Diocesan in Foreign Missions	4
[illegible] Retired, Sick or Absent	98
[illegible] Diocesan Priests	348
[illegible] in Diocese	319
[illegible] in Diocese	667
[illegible] in Diocese	16
[illegible]	4
[illegible]	6
[illegible] Deacons	5
[illegible] Deacons in Diocese	365
[illegible]	152
[illegible]	1,821
[illegible]	186
[illegible] Administrator:	
[illegible] Diocesan Priests	153
[illegible] Religious Priests	22
[illegible] Pastor:	
[illegible] by Priests	11
[illegible] by Deacons	2
[illegible]	8

Catholic Hospitals	9
Total Assisted	2,181,270
Homes for the Aged	12
Total Assisted	2,403
Residential Care of Children	2
Total Assisted	379
Day Care Centers	3
Total Assisted	26,169
Specialized Homes	11
Total Assisted	8,842
Special Centers for Social Services	14
Total Assisted	29,172
Other Institutions	1
Total Assisted	174,885
Educational	
Seminaries, Diocesan	2
Students from This Diocese	89
Students from Other Dioceses	68
Diocesan Students in Other Seminaries	3
Seminaries, Religious	2
Students Religious	27
Total Seminarians	89
Colleges and Universities	2
Total Students	16,605
High Schools, Diocesan and Parish	12
Total Students	4,586
High Schools, Private	16
Total Students	8,259
Elementary Schools, Diocesan and Parish	107
Total Students	27,892

Elementary Schools, Private	8
Total Students	2,139
Non-residential Schools for the Disabled	4
Total Students	179
Catechesis/Religious Education:	
High School Students	93
Elementary Students	20,880
Total Students under Catholic Instruction	80,059
Teachers in the Diocese:	
Priests	38
Brothers	21
Sisters	79
Lay Teachers	3,511
Vital Statistics	
Receptions into the Church:	
Infant Baptism Totals	5,454
Minor Baptism Totals	859
Adult Baptism Totals	272
Received into Full Communion	449
First Communions	6,271
Confirmations	6,651
Marriages:	
Catholic	1,278
Interfaith	627
Total Marriages	1,905
Deaths	3,995
Total Catholic Population	524,897
Total Population	2,311,707

[illegible]ops—Most Revs. LOUIS WILLIAM DUBOURG, Archbishop of the [illegible]tial Sea of Besancon; ord. 1788; cons. in [illegible] 24, 1815, Bishop of Louisiana, Upper [illegible] took his first residential seat in St. [illegible] 6, 1818. On July 18, 1826, the Diocese [illegible] was divided and the Sees of St. Louis [illegible] Orleans erected. Bishop DuBourg having [illegible] Sees of Louisiana, was transferred to [illegible] of Montauban in France, Aug. 18, [illegible] made Archbishop of the Cardinalatial [illegible] Besancon, Feb. 15, 1833, where he died [illegible] of the same year; JOSEPH ROSATI, C.M., [illegible] St. Louis; born Jan. 12, 1789 in Lazio, [illegible] Feb. 10, 1811; cons. Bishop of the [illegible] Sees of Tanagra and constituted Coadjutor of Bishop DuBourg of Louisiana at Donaldsville, LA, March 26, 1824. When the Sees of Louisiana was divided Bishop Rosati was made Bishop of St. Louis and Administrator of New Orleans. He died while on business in Rome on Sept. 25, 1843; PETER RICHARD KENRICK, D.D., Archbishop of St. Louis; born Aug. 17, 1806 in Dublin, Ireland; ord. March 6, 1832; cons. Nov. 30, 1841; Bishop of Drasa and Coadjutor to Bishop of St. Louis; Succeeded as Bishop Sept. 25, 1843; appt. Archbishop of St. Louis July 12, 1847; retired May 21, 1895; died March 4, 1896; JOHN JOSEPH KAIN, D.D., Archbishop of St. Louis; born May 31, 1841 in Martinsburg, Virginia; ord. July 2, 1866; cons. Bishop of Wheeling, WV on May 28, 1875; Titular Archbishop of Oxyrynchia and Coadjutor "cum jure successionis" of Archbishop of St. Louis, 1893; Administrator of Archdiocese of St. Louis, Dec. 14, 1893; created Archbishop of St. Louis on May 21, 1895; died Oct. 13, 1903; His Eminence JOHN CARDINAL GLENNON, D.D., Archbishop of St. Louis; born June 14, 1862; ord. Dec. 20, 1884; appt. Titular Bishop of Pinara and Coadjutor to the Bishop of Kansas City, March 14, 1896; cons. June 29, 1896; transferred to St. Louis, April 27, 1903, as Coadjutor to the Archbishop of St. Louis "cum jure successionis"; Archbishop of St. Louis, Oct. 13, 1903; Pallium received May 14, 1905; Assistant at the Pontifical Throne, June 21, 1921; created Cardinal Priest, Feb. 18, 1946; died March 9, 1946; JOSEPH CARDINAL RITTER, D.D., Archbishop of St. Louis; born July 20, 1892; ord.

Jim's Home, 3427 Washington Ave., 63103. 314-535-7221; Fax: 314-535-7289. Email: abousse@archstl.org. Martie Abousse, Exec. Total Staff 4; Total in Residence 77.

Martha's Hall, P.O. Box 4950, 63108. Tel: 314-533-1313; Fax: 314-533-2035. Email: marthashall@sbcglobal.net. Web: www.saintmarthas.org. Michelle Schiller-Baker, Exec. Dir. Provides Shelter, Advocacy and Support to Abused Women & their Children. Capacity 24; Total Staff 14; Total Assisted Annually 220.

Philippine Home (1996) 1015 Goodfellow Blvd., 63112. Tel: 314-454-1012; Fax: 314-367-7455. Email: cneumann@ccstl.org. Constance S. Neumann, Exec. Dir. Transitional housing for affected homeless city women and their children. Bed Capacity 33; Outpatients 20; Total Assisted Annually 96; Total Staff 12.

Peace Center (1986) 325 N. Newstead Ave., 63108. Tel: 314-531-0511; Fax: 314-531-1456. Email: cneumann@ccstl.org. Constance S. Neumann, Exec. Dir. Comprehensive residential and outpatient behavioral healthcare for addicted women, and their children. Specialty in pregnant women, trauma and dually diagnosed. Permanent and transitional housing programs. Licensed by the Department of Mental Health Division of Alcohol and Drug Abuse. Accredited by COA Council on Accreditation. Vouchers 277; Total Staff 119; Total Assisted Annually 1,254.

Center, 4226-24 N. Grand Ave., 63107. Tel: 314-534-6624; Fax: 314-535-4394. Permanent supportive housing for former homeless single adults. Managed by St. Patrick Center. Total Assisted 30; Studio Apartments 26; Total Staff 8.

Group Home, Inc., 4218 N. Grand Blvd., 63107. Tel: 314-534-6624; Fax: 314-535-4394. Email: nboland@stpatrickcenter.org. Web: stpatrickcenter.org. Greg Vogelweid, Admin. Group Home for homeless mentally ill adults. Managed by St. Patrick Center. Total Assisted 12; Total Staff 10.

Marie Droste Residence (1979) 7660 Natural Bridge Rd., 63121. Tel: 314-389-5553; Fax: 314-382-1325. Web: goodshepherdsisters.org. Sisters of the Good Shepherd., For Women in Need. Capacity 11; Total Assisted 85; Total Staff

[S] RETREAT HOUSES

Mercy Center, 2039 N. Geyer Rd., 63131. Tel: 314-966-4686; Fax: 314-909-4631. Email: dawnstringfield@mercy.net. Dawn Stringfield, Admin. Operated by the Sisters of Mercy of the Americas, Province St. Louis., Conference and Renewal Ministry.

Conference and Retreat Center, Sisters of Mercy of the Americas, 2039 N. Geyer Rd., 63131. Tel: 314-966-4686; Fax: 314-909-4631. Dawn Stringfield, Exec. Dir.

House Retreat (1922) 7400 Christopher Dr., 63129. Tel: 314-416-6400; Fax: 314-416-6464; Tel: 314-843-1003. Email: whretreat@whretreat.org. Web: www.whretreat.org.

House (1922) 7400 Christopher Dr., 63129. Tel: 314-846-2875. Revs. James J. Burchek, S.J., Richard E. Hadel, S.J., Assoc. Dir.; Eugene C. Kennard, S.J., Assoc. Dir.; Leonard E. Kraus, S.J., Assoc. Dir.; Bro. John C. Fava, S.J., Assoc. Dir. Total in Residence 6; Total Staff 6.

Il Ritiro-The Little Retreat (1981) 7985 St. Francis Ln., P.O. Box 38, 63023. Tel: 636-274-0554 (Toll Free from St. Louis); Fax: 636-274-2880. Email: gpeter@nightowl.net. Revs. Bertin Miller, O.F.M., Exec. Dir.; Michael Crosby, O.F.M., Dir.; Paul Gallagher, Dir.; Bros. Patrick Kendrick, O.F.M.; Pio Jackson, O.F.M. Operated by the Franciscan Friars. Priests 6; Brothers 1; Total in Residence 7; Total Staff 4.

Renewal Center (1968) 6476 Eime Rd., P.O. Box 130, 63023. Tel: 636-274-5226; Fax: 636-274-7450. Web: www.thesservants.org. Very Rev. Liam Kelly, s.P., Paraclete Dir.; Rev. Benedict Livingstone, s.P., Prog. Dir.; Dr. Rob Furey, Ph.D., Clinical Dir. Operated by the Servants of the Paraclete. Total in Residence 24; Total Staff 11.

Marianist Retreat & Conference Center (1966) P.O. Box 718, 63025-0718. Tel: 636-938-5300; Fax: 636-938-3498. Email: maamrco@aol.com. Web: www.mrstreat.org. Sr. Paulette Baiotti, O.P., Dir.; Rev. Jose Ramires, S.M. Conducted by the Society of Mary., Center for Formation and Growth in the Christian Life. Total in Residence 8; Total Staff 22.

Pallottine Renewal Center, Inc. (1969) 4470 Old Halls Ferry Rd., 63034-1611. Tel: 314-837-7100; Fax: 314-837-1041. Email: Pall4@aol.com. Web: www.pallottinerenewal.org. Sisters Helen Ann Collier, C.C.V.I., Vice Pres.; Gail Kemeyer, S.A.C., Provincial Supr.; Beth Moritz, Pallottine Missionary Sisters, Queen of Apostles Province. Total in Residence 2; Total Staff 10.

HIGH RIDGE. *Society of Our Mother of Peace at Mary the Font Solitude* (1966) 6150 Antire Rd., 63049-2135. Tel: 636-677-3235; Fax: 636-677-5254. Email: marythefont@yahoo.com. Web: marythefont.org. Sisters Mary Perpetua Spranger, S.M.P., Local Supr.; Anne Marie DeFord, S.M.P., Treas.; Rev. Placid Gusis, S.M.P.

FENTLY. *Vision of Peace Ministries* (1977) Abbey Ln., P.O. Box 69, 63070. Tel: 636-475-8897; Fax: 636-475-3697. Email: visofpeace@juno.com. Mrs. Jane Guenther, Treas. Total in Residence 1; Total Staff 1.

WILDWOOD. *La Salle Institute - Retreat and Conference Center* (1886) 2101 Rue De La Salle, 63038-2299. Tel: 636-938-5374; Fax: 636-587-9792. Email: Chlasalle@sbcglobal.net.

Christian Brothers (De La Salle) (1886) Tel: 636-938-6142; Fax: 636-587-9792. Bro. Bill Brynda, Community Dir.; Mr. Michael Sawicki, Pres.; Gerd Schroeder, Retreat Coord. Community 4; Total in Residence 4; Total Staff 11.

[T] NEWMAN CENTERS

ST. LOUIS. *University of Missouri, St. Louis, Catholic Newman Center* (1965) 8200 Natural Bridge Rd., 63121. Tel: 314-385-3455; Fax: 314-385-1523. Email: cnc@mcumsl.org. Web: www.cncumsl.org. Rev. William G. Kempf, Dir.

Washington University Newman Centers, Washington University Newman Chapel, 6352 Forsyth Blvd., 63105-2269. Tel: 314-935-9191, Ext. 216; Fax: 314-727-5053. Email: braun@washuesc.org. Web: www.washuesc.org. Rev. Gary G. Braun, Archdiocesan Dir. of Campus Ministries. Total in Residence 1; Total Staff 15.

[U] ASSOCIATIONS OF THE FAITHFUL

ST. LOUIS. *Oblates of Wisdom Study Center*, P. O. Box 13230, Saint Louis, 63157. Tel: 314-621-2055. Email: jjmccarthy1@sbcglobal.net. Rev. Msgr. John E. McCarthy, Dir. In Res. Rev. Brian W. Harrison, O.S., Scholar.

[V] MISCELLANEOUS

ST. LOUIS. *Alexian Brothers of St. Louis, Inc.* (1972) *Alexian Brothers (Residence)*, 4173 Crescent Dr., Ste. A, 63129. Tel: 314-880-8545; Fax: 314-894-2895.

Alexian Brothers Services, Inc., 4175 Crescent Dr., 63129. Tel: 314-880-8545.

Almost Home (1993) 3200 St. Vincent Ave., 63104-1386. Tel: 314-771-4663; Fax: 314-865-4692. Email: smukhtiar@almosthomestl.org. Web: www.almosthomestl.org. Sheroe Mukhtiar, Exec. Dir. Transitional living program for teenage mothers and their children who are homeless. Members and Children 40; Total Staff 20.

American Academy of FertilityCare Professionals, 11700 Studt Ave., Ste. C, 63141. Tel: 314-991-0327; Fax: 314-692-8097. Email: diane.daly@mercy.net. Web: aafcp.org. Mrs. Diane Daly.

The Angela Foundation for Ursuline Education, 341 S. Sappington Rd., Saint Louis, 63122. Tel: 314-966-7725.

Anna Foundation, c/o Sisters of St. Joseph of Carondelet, St. Louis Province, 6400 Minnesota Ave., Saint Louis, 63111. Tel: 314-481-8800, Ext. 321; Fax: 314-481-2866. Sr. Mary Frances Johnson, C.S.J., Treas. & Contact Person.

Annual Catholic Appeal, 20 Archbishop May Dr., 63119. Tel: 314-792-7680; Fax: 314-792-7229. Email: niebruggeh@archstl.org. Web: www.archstl.org. Mr. Brian Niebrugge, Dir., Annual Catholic Appeal. Staff 5.

Archdiocesan Planned Giving & Endowment Council, 20 Archbishop May Dr., Shrewsbury, 63119. Tel: 314-792-7680; Fax: 314-792-7229. Web: www.archstl.org. Mr. Brian Niebrugge, Exec. Dir. Stewardship & The Annual Catholic Appeal; Mrs. Jeanne Rudolph, Planned Giving Assoc.; Ms. April Esenwah, Planned Giving Assoc.; Mr. Jonathan W. Igoe, Chm.; Mr. John Cleary; Mr. William A. Drennan; David Fairchild; Ms. Rosemary Fairhead; Mr. William Jochens; Mr. Raymond S. Kreienkamp; Mr. Joseph McAuliffe; Mr. Michael F. Niemann; Mr. William P. O'Connor; Mrs. Jill M. Palmquist; Mrs. Carolyn Parmer; Dr. David Shelton, Ed.D.; Mr. Mark Riordan; Ms. Sharon Sanders; Mr. James Schaller; Mr. Charles D. Surdyke; Mr. Richard S. Vest; Mr. Michael Weisbrod.

Archdiocesan Stewardship Education Committee, 20 Archbishop May Dr., 63119. Tel: 314-792-7215; Fax: 314-792-7229. Email: erschen@arstl.org. Web: www.archstl.org/stewardship. Susan Erschen, Dir. Stewardship Education; John Drabik; Matthew Mayer; Mrs. Chris Kern; Don Lapoint; Ms. Dian Valentine; Revs. Erich A. Fechner; James J. Benz; Christopher M. Martin; Rev. Msgr. Gregory R. Mikesch; Karen Schemel; Rev. John R. Vien.

ASC Health, 4283 Sulphur Ave., 63109. Tel: 314-351-6294; Fax: 314-351-6769.

ASC Investment Group Inc., 4283 Sulphur Ave., Saint Louis, 63109. Sr. Jan E. Renz, A.S.C., Pres.

Ascension Health, 4600 Edmundson Rd., 63134. Tel: 314-733-8000; Fax: 314-733-8013. Email: atersigni@ascensionhealth.org. Web: www.ascensionhealth.org. Anthony R. Tersigni, Pres. & C.E.O. Sponsored by Ascension Health Ministries, a public juridic person.

Ascension Health Alliance, 4600 Edmundson Rd., 63134.

Ascension Health-IS, Inc., 4600 Edmundson Rd., 63134. Tel: 314-733-8000; Fax: 314-733-8013. Email: atersigni@ascensionhealth.org. Web: www.ascensionhealth.org. Anthony R. Tersigni, Pres. & CEO.

Aware, Inc. (1973) St. Anthony's Medical Center, 10016 Kennerly Rd., 63128. Tel: 314-525-1622. Karen Molner, Pres.

Birthright, 2525 S. Brentwood Blvd., Ste. 102, 63144. Tel: 314-962-5300; Fax: 314-962-7606. Web: www.birthrightstlouis.org. Ruth A. Bradberry, Admin. Dir. Total Assisted 5,679; Total Staff 25.

Branch Offices:

6680 Chippewa, 63109. Tel: 314-962-8658; Fax: 314-351-4531.

3435-C Bridgeland, Bridgeton, 63044. Tel: 314-298-0945; Fax: 314-298-0813.

205 N. 5th St., St. Charles, 63301. Tel: 636-724-1200; Fax: 636-946-0447.

625 N. Euclid, 63108. Tel: 636-946-4900; Fax: 314-361-0129.

800 N. Tucker Blvd., 63101. Tel: 636-916-4900; Fax: 314-538-1179.

Cardinal Glennon Children's Foundation, 3800 Park Ave., Saint Louis, 63110. Tel: 314-577-5605; Fax: 314-268-6418. Email: info@glennon.org. Web: www.glennon.org. Member of SSM Health Care

Cardinal Ritter General Partner Corporation, 7601 Watson Rd., 63116.

The Caroline Trust (1991) 820 E. Ripa Ave., 63125-2897. Tel: 314-633-7021; Fax: 314-633-7057. Email: lindajansen@sand-sl.org. Supports the Religious and Charitable Purposes of the School Sisters of Notre Dame and Provides Support for the Aged, Infirm and Disabled Sisters of the Province.

Carondelet Health System, Inc., 4600 Edmundson Rd., 63134. Tel: 314-733-8000; Fax: 314-733-8013. Email: atersigni@ascensionhealth.org. Anthony R. Tersigni, Pres. & CEO.

Catholic Charities Foundation, 4532 Lindell Blvd., 63108. Tel: 314-367-5600; Fax: 314-367-2982. Web: www.ccstl.org. Mr. Brian J. O'Malley, Pres. A Charitable Fund Established to Support the Activities of Catholic Charities.

Catholic Charities Housing Resource Center, 800 N. Tucker Blvd., Saint Louis, 63101. Tel: 314-802-5440; Fax: 314-802-5408. Email: achrc@ccstl.org. Web: www.ccstl.org. Karen Wallenzak, Dir. A Program of Catholic Charities helping homeless and near-homeless people achieve stability in safe, affordable housing. Total Staff 24; Total Assisted Annually 16,010.

Catholic Charities Parish Social Ministry, 4532 Lindell Blvd., 63108. Tel: 314-367-5600, Ext. 155; Fax: 314-361-5099. Email: rohde@ccstl.org. Web: www.ccstl.org. Recruitment and placement of volunteers serving the agencies and programs of Catholic Charities Federation.

Catholic Charities Service Agency, 4532 Lindell Blvd., 63108-2497.

Catholic Charities Information and Referral Services (Dial Help), 4532 Lindell, 63108. Tel: 314-371-4357 (314-371-HELP).

Catholic Charities Refugee Services, 2840 Wisconsin Ave., 63118-1632. Tel: 314-771-2570; Fax: 314-771-6406. Mary Carroll, Resettlement Dir.

Catholic Charities Southside Center (Vietnamese and Hispanic Programs), 5880 Christy, 63116. Tel: 314-776-6100; 314-664-8990. Courtney Prentis, Dir.

Hispanic Programs Tel: 314-776-6100.

Vietnamese Programs Tel: 314-664-8990.

Catholic Charities Father Tolton Center, 1018 Baden, 63147. Tel: 314-385-8445; Fax: 314-385-4479. Monica Andersen, Dir.

Catholic Charities Jefferson County Center, 110 N. Brierton Ln. at N. 2nd, Crystal City, 63019-1720. Tel: 636-931-5859; Fax: 636-933-5148. P.O. Box 668, Festus, 63028-0668. Donna Thornton, Dir.

Catholic Charities Midtown Center (Including Friends of Moms Program), 1202 S. Boyle Ave., 63110-3814. Tel: 314-534-1180; Fax: 314-534-3727. John Pachak, Dir.

Catholic Charities St. Charles Area Center, 255 Spencer Rd., #202, St. Peters, 63376-1632. Tel:

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☑ **or an Update Report** ☐

1. Applicant/Recipient Name, Address, and Phone (include area code):	2. Social Security Number or Employer ID Number:
Missouri Department of Mental Health 1706 E. Elm Street, Jefferson City, MO 65101 573-751-9206	44-6000987
3. HUD Program Name	**4. Amount of HUD Assistance Requested/Received**
Continuum of Care - Shelter Plus Care	$697,614.00

5. State the name and location (street address, City and State) of the project or activity:
St. Louis City

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
☑ **Yes** ☐ **No**

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9
☑ **Yes** ☐ **No.**

If you answered "**No**" to either question 1 or 2, **Stop**! You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(**Note**: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity ($ and %)
Queen of Peace	43-1528548	Voucher Processing Center	$697,614.00

(**Note**: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.
I certify that this information is true and complete.

Signature:	Date: (mm/dd/yyyy)
x Lynne Fuchs	10/14/2015

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[B] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[B] a. bid/offer/application b. initial award c. post-award	[A] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c MO-008	N/A **Congressional District**, *if known*:
6. Federal Department/Agency: Housing & Urban Development	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: 14.267
8. Federal Action Number, *if known*: N/A	**9. Award Amount**, *if known*: $ 697,614.00
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): N/A	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*): N/A

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Lynne Fulks
Print Name: Lynne Fulks
Title: Director, Division of Administrative Services
Telephone No.: 573-751-8142 Date: 10/14/2015

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Missouri Department of Mental Health

Program/Activity Receiving Federal Grant Funding

Continuum of Care - Shelter Plus Care - St. Louis City - MO0016L7E011407

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Lynne Fulks	Director, Division of Administrative Services
Signature X Lynne Fulks	Date 10/14/2015

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3