# 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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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 2015 Project Application will be imported into the FY 2016 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 2015 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 2016 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.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

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:** | Application |
| **2. Type of Application:** | Renewal Project Application |
| **If "Revision", select appropriate letter(s):** | |
| **If "Other", specify:** | |
| **3. Date Received:** | 08/30/2016 |
| **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).** | MO0008L7E011503 |
| **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 2016 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 | **PLUS 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 2016 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-6000-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:** 2016 SZB - Shelter Plus Care STL City - Chronic 43

**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:** 10/01/2017

**b. End Date:** 09/30/2018

**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 2016 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:** 08/30/2016

# 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:** $20,493

| Organization | Type | Sub-Award Amount |
|---|---|---|
| St. Patrick Center | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) | $20,493 |

# 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:** St. Patrick Center

**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:** 43-1263499

| | | | | |
|---|---|---|---|---|
| | *** d. Organizational DUNS:** | 150416345 | **PLUS 4** | |

**e. Physical Address**

**Street 1:** 800 N. Tucker

**Street 2:**

**City:** St. Louis

**State:** Missouri

**Zip Code:** 63101

**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:** $20,493

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Laurie

**Middle Name:**

**Last Name:** Phillips

**Suffix:**

**Title:** Executive Director

**E-mail Address:** lphillips@stpatrickcenter.org

**Confirm E-mail Address:** lphillips@stpatrickcenter.org

**Phone Number:** 314-802-0671

**Extension:**

**Fax Number:** 314-802-1980

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. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** | Yes |
| **2. 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. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** | Yes |
| **4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** | Yes |

**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**

An award balance of $14,783 (of $347,117) was unexpended at the end of the project year. 96% of the grant funds were expended.

# 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 Collaborative 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 2016 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 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

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:** MO0008L7E011503

(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:** 2016 SZB - Shelter Plus Care STL City - Chronic 43

| | |
|---|---|
| **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 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, SH, 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. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- 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 SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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, operational for 8 years, provides permanent supportive housing to people with disabilities experiencing chronic homelessness. DMH Housing works closely with all Missouri CoC to participate in their Coordinated Entry System (CES)and prioritize those most in need based on length of homelessness and other vulnerability factors. DMH Housing worked with the CoC to help develop CES processes and is committed to accepting referrals from the CoC prioritization list as well as to the ongoing development and evaluation of this process to assure we are serving the most vulnerable citizens.

The people served by this project experience difficulty accessing housing and other resources. They tend to utilize the most community resources through hospital emergency room visits, community services, law enforcement and jails. They have serious mental illness, chronic substance and/or alcohol use issues, co-occurring diagnoses as well as multiple health and mental health issues. In addition, they are usually burdened with poor rental histories, poor credit histories, lack of transportation and little income.

DMH is a leader at both the state and local level in developing policies and programs to end homelessness. DMH Housing is actively involved in the

Governor's Committee to End Homelessness (Missouri's interagency council) and in all eight Missouri CoC. DMH endorses "Opening Doors" and we strongly believe that no one should be without a safe stable place to call home. To that end, DMH works to outreach homeless individuals and families through Projects to Assist in Transition from Homelessness (PATH), and other local efforts; and, once people are housed, to assure they are assisted in maintaining stable housing.

Within the HUD eligibility requirements for CoC Program funded projects, DMH strives to maintain low-barrier entry and follows a Housing First approach. Participation in support services, minimum income, sobriety are not required. There are no exclusions based on criminal history or sex offender status. DMH Housing works closely with domestic violence providers to safely assist those fleeing.

DMH partners with local community mental health programs, public housing, community and faith based organizations to assure program participants choose housing that gives them the best access to support services. SOAR trained community support workers assist individuals to apply for mainstream resources - Medicaid, Food Stamps, SSI, SSDI, VA. Program participants are assisted in connecting with necessary medical services at FQHC, Health Care Homes, and provided information/assistance regarding the Affordable Care Act. DMH also offers employment services at Individual Placement and Support Program sites throughout the state.

DMH contracts with St. Patrick Center, a local housing agency, to assist eligible participants in finding housing, assure units meet HUD HQS and to pay monthly rents.

**2. Does your project have a specific population focus?** Yes

**2a. Please identify the specific population focus. (Select ALL that apply)**

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

**Other:**

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing** Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

| | |
|---|---|
| **Having too little or little 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** | |

**3c. 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 |
| **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** | |

**3d. Does the project follow a "Housing First" approach?** Yes

**4. Does the PH project provide PSH or RRH?** PSH

**4a. Does the project request costs under the rental assistance budget line item?** Yes

**4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

# 4A. Supportive Services for Participants

## Instructions:

ALL PROJECTS EXCEPT HMIS

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/

### 1. 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** | | Partner | Monthly |
| **Assistance with Moving Costs** | | | |
| **Case Management** | | Partner | Monthly |
| **Child Care** | | | |
| **Education Services** | | | |

| | | |
|---|---|---|
| **Employment Assistance and Job Training** | Partner | As needed |
| **Food** | Non-Partner | Monthly |
| **Housing Search and Counseling Services** | Subrecipient | Annually |
| **Legal Services** | Non-Partner | As needed |
| **Life Skills Training** | Partner | As needed |
| **Mental Health Services** | Partner | Monthly |
| **Outpatient Health Services** | Partner | As needed |
| **Outreach Services** | Subrecipient | Daily |
| **Substance Abuse Treatment Services** | Partner | As needed |
| **Transportation** | Non-Partner | As needed |
| **Utility Deposits** | Applicant | As needed |

**2. Please identify whether the project includes the following activities:**

**2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**2b. Use of a single application form for four or more mainstream programs?** Yes

**2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**3a. 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:** 41

**Total Beds:** 41

**Total Dedicated CH Beds:** 41

**Total Prioritized CH Beds:** 4

| Housing Type | Units | Beds | Dedicated CH Beds | Prioritized CH Beds |
|---|---|---|---|---|
| Single family homes/townhou... | 41 | 41 | 41 | 4 |

# 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, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. 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 2016 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 "3c." 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:** 41

**b. Beds:** 41

**3. Beds for the Chronically Homeless**

| | |
|---|---|
| **a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?** | 41 |
| **b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated** | 0 |
| **c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?** | 4 |

**Turnover beds should not exceed the number of beds not dedicated to the chronically homeless.**

| | |
|---|---|
| **d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?** | 4 |

**4. Address:**

**Street 1:** N/A Scattered Site

**Street 2:**

**City:** St. Louis

**State:** Missouri

**ZIP Code:** 63101

**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 | 0 | 41 | 0 | 41 |

| 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** | 0 | 41 | | 41 |
| **Adults ages 18-24** | 0 | 0 | | 0 |
| **Accompanied Children under age 18** | 0 | | 0 | 0 |
| **Unaccompanied Children under age 18** | | | 0 | 0 |
| **Total Persons** | 0 | 41 | 0 | 41 |

**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** | | | | | | | | | | |
| **Adults ages 18-24** | | | | | | | | | | |
| **Children under age 18** | | | | | | | | | | |
| **Total Persons** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## 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** | 40 | 1 | 0 | 40 | 3 | 40 | 5 | 2 | 3 | 0 |
| **Adults ages 18-24** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Persons** | 40 | 1 | 0 | 40 | 3 | 40 | 5 | 2 | 3 | 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 |

# 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%.

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.

| | |
|---|---|
| **50%** | **Directly from the street or other locations not meant for human habitation.** |
| **50%** | **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 fleeing domestic violence.** |
| **100%** | **Total of above percentages** |

# 6A. 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 2016 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.

Renewal 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 2016 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 2016 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?** Yes

**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** | |

# 6D. 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:** | $316,296 |
| **Total Units:** | 41 |

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---|---|---|---|
| TRA | IL - St. Louis, MO-IL HUD Metro FMR A... | 41 | $316,296 |

# 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 2016 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 2016 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 2016 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 2016 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). In the GIW, HUD Paid Rent is known as “Actual”.

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:** TRA

**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 | $419 | $419 | x | | | = | $0 |
| 0 Bedroom | 1 | x | $558 | $558 | x | | | = | $6,696 |
| 1 Bedroom | 40 | x | $645 | $645 | x | | | = | $309,600 |
| 2 Bedrooms | | x | $840 | $840 | x | | | = | $0 |
| 3 Bedrooms | | x | $1,109 | $1,109 | x | | | = | $0 |
| 4 Bedrooms | | x | $1,284 | $1,284 | x | | | = | $0 |
| 5 Bedrooms | | x | $1,477 | $1,477 | x | | | = | $0 |
| 6 Bedrooms | | x | $1,669 | $1,669 | x | | | = | $0 |
| 7 Bedrooms | | x | $1,862 | $1,862 | x | | | = | $0 |
| 8 Bedrooms | | x | $2,054 | $2,054 | x | | | = | $0 |
| 9 Bedrooms | | x | $2,247 | $2,247 | x | | | = | $0 |
| Total Units and Annual Assistance Requested | 41 | | | | | | | | $316,296 |
| Grant Term | | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | | $316,296 |

**Click the 'Save' button to automatically calculate totals.**

# 6H. Sources of Match

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

## Summary for Match

| | |
|---|---|
| **Total Value of Cash Commitments:** | $0 |
| **Total Value of In-Kind Commitments:** | $100,000 |
| **Total Value of All Commitments:** | $100,000 |

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|---|---|---|---|---|---|
| Yes | In-Kind | Government | Missouri Departme... | 08/02/2016 | $100,000 |

# Sources of Match Detail

## Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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/ screen will populate the Screen “6I. 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?** | Yes |
| **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:** | 08/02/2016 |
| **6. Value of Written Commitment:** | $100,000 |

# 6I. 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 “7. 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 2016 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 the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” 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 “6H. Sources of Match” 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** | $316,296 |

| | |
|---|---|
| **3. Supportive Services** | $0 |
| **4. Operating** | $0 |
| **5. HMIS** | $0 |
| **6. Sub-total Costs Requested** | $316,296 |
| **7. Admin (Up to 10%)** | $20,493 |
| **8. Total Assistance plus Admin Requested** | $336,789 |
| **9. Cash Match** | $0 |
| **10. In-Kind Match** | $100,000 |
| **11. Total Match** | $100,000 |
| **12. Total Budget** | $436,789 |

# 7A. 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 7A. 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 | SZB Match Commitment | 08/02/2016 |
| 3) Other Attachment | No | | |

# Attachment Details

**Document Description:** 501C3

# Attachment Details

**Document Description:** SZB Match Commitment

# Attachment Details

**Document Description:**

# 7B. 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:** | 08/30/2016 |
| **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** | X |

**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).**

# 8B Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Application Type** | 08/16/2016 |
| **1B. Legal Applicant** | No Input Required |
| **1C. Application Details** | No Input Required |
| **1D. Congressional District(s)** | 08/16/2016 |
| **1E. Compliance** | 08/16/2016 |
| **1F. Declaration** | 08/16/2016 |
| **2A. Subrecipients** | 08/16/2016 |
| **2B. Recipient Performance** | 08/16/2016 |
| **3A. Project Detail** | 08/16/2016 |

| | |
|---|---|
| **3B. Description** | 08/30/2016 |
| **4A. Services** | 08/16/2016 |
| **4B. Housing Type** | 08/16/2016 |
| **5A. Households** | 08/16/2016 |
| **5B. Subpopulations** | No Input Required |
| **5C. Outreach** | 08/16/2016 |
| **6A. Funding Request** | 08/16/2016 |
| **6D. Rental Assistance** | 08/16/2016 |
| **6H. Match** | 08/16/2016 |
| **6I. Summary Budget** | No Input Required |
| **7A. Attachment(s)** | 08/16/2016 |
| **7B. Certification** | 08/16/2016 |

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

**Department of the Treasury**

**Date: July 12, 2010**

**Person to Contact:**
Roger Meyer
**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 July 9, 2010, 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 2010*, 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 2010* 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

ALABAMA · COLORADO · ARIZONA · MAINE · TEXAS · UTAH · ALASKA · GEORGIA · DELAWARE · ILLINOIS · KANSAS · NORTH CAROLINA · OREGON · NEBRASKA · KENTUCKY · MASSACHUSETTS · FLORIDA · CONNECTICUT · NEW MEXICO · NEW JERSEY · NEW HAMPSHIRE · NEW YORK · NEVADA · ARKANSAS · MARYLAND · SOUTH DAKOTA · SOUTH CAROLINA · PENNSYLVANIA · NORTH DAKOTA · MISSOURI · WEST VIRGINIA · MISSISSIPPI · MINNESOTA · MICHIGAN · CALIFORNIA · OHIO · WYOMING · VERMONT · VIRGINIA · WASHINGTON · HAWAII · MONTANA · RHODE ISLAND · OKLAHOMA · INDIANA · IOWA · LOUISIANA · WISCONSIN · TENNESSEE · IDAHO

1817 2010

# The Official Catholic Directory

Anno Domini

2010

Published Annually by

P. J. Kenedy & Sons

# Archdiocese of St. Louis

*(Archidiocesis S. Ludovici)*

Most Reverend

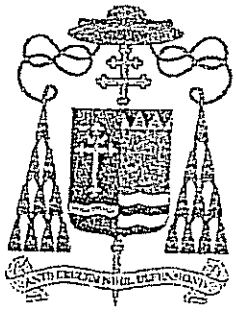
ROBERT JAMES CARLSON

Archbishop of St. Louis; ordained May 22, 1970; appointed Titular Bishop of Avioccla 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: 4445 Lindell Blvd., St. Louis, MO 63108-2497.*

Most Reverend

ROBERT J. HERMANN, D.D.

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



*4445 Lindell Blvd., St. Louis, MO 63108-2497.* Tel: 314-633-2222; Fax: 314-633-2333.

*Web: www.archstl.org*

*Email: communication@archstl.org*

Square Miles 5,966.

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

| | |
|---|---|
| **Personnel** | |
| Archbishops | 1 |
| Auxiliary Bishops | 1 |
| Abbots | 1 |
| Retired Abbots | 2 |
| Priests: Diocesan Active in Diocese | 261 |
| Priests: Diocesan Active Outside Diocese | 11 |
| Priests: Diocesan in Foreign Missions | 3 |
| Priests: Retired, Sick or Absent | 98 |
| Number of Diocesan Priests | 373 |
| Religious Priests in Diocese | 358 |
| Total Priests in Diocese | 731 |
| Extern Priests in Diocese | 16 |
| **Ordinations:** | |
| Diocesan Priests | 4 |
| Religious Priests | 1 |
| Transitional Deacons | 9 |
| Permanent Deacons | 11 |
| Permanent Deacons in Diocese | 274 |
| Total Brothers | 130 |
| Total Sisters | 1,426 |
| **Parishes** | |
| Parishes | 190 |
| **With Resident Pastor:** | |
| Resident Diocesan Priests | 160 |
| Resident Religious Priests | 21 |
| **Without Resident Pastor:** | |
| Administered by Priests | 9 |
| Closed Parishes | 1 |
| **Welfare** | |
| Catholic Hospitals | 12 |
| Total Assisted | 1,790,766 |
| Homes for the Aged | 41 |
| Total Assisted | 28,920 |
| Residential Care of Children | 3 |
| Total Assisted | 1,706 |
| Day Care Centers | 8 |
| Total Assisted | 26,416 |
| Specialized Homes | 7 |
| Total Assisted | 2,120 |
| Special Centers for Social Services | 8 |
| Total Assisted | 10,500 |
| **Educational** | |
| Seminaries, Diocesan | 2 |
| Students from This Diocese | 61 |
| Students from Other Diocese | 62 |
| Diocesan Students in Other Seminaries | 6 |
| Seminaries, Religious | 2 |
| Students Religious | 47 |
| Total Seminarians | 104 |
| Colleges and Universities | 2 |
| Total Students | 15,534 |
| High Schools, Diocesan and Parish | 12 |
| Total Students | 4,933 |
| High Schools, Private | 16 |
| Total Students | 6,564 |
| Elementary Schools, Diocesan and Parish | 108 |
| Total Students | 30,162 |
| Elementary Schools, Private | 9 |
| Total Students | 1,956 |
| Non-residential Schools for the Disabled | 4 |
| Total Students | 179 |
| **Catechesis/Religious Education:** | |
| High School Students | 132 |
| Elementary Students | 22,324 |
| Total Students under Catholic Instruction | 83,800 |
| **Teachers in the Diocese:** | |
| Priests | 46 |
| Brothers | 21 |
| Sisters | 87 |
| Lay Teachers | 3,925 |
| **Vital Statistics** | |
| **Receptions into the Church:** | |
| Infant Baptism Totals | 5,711 |
| Minor Baptism Totals | 277 |
| Adult Baptism Totals | 323 |
| Received into Full Communion | 497 |
| First Communions | 6,615 |
| Confirmations | 6,723 |
| **Marriages:** | |
| Catholic | 1,454 |
| Interfaith | 618 |
| Total Marriages | 2,072 |
| Deaths | 4,110 |
| Total Catholic Population | 531,770 |
| Total Population | 2,232,379 |

*Former Bishops*—Most Revs. LOUIS WILLIAM VALENTINE DUBOURG, Archbishop of the Cardinalatial See of Besançon; ord. 1788; cons. in Rome, Sept. 24, 1815, Bishop of Louisiana, Upper and Lower, took his first residential seat in St. Louis, Jan. 6, 1818. On July 18, 1826, the Diocese of Louisiana was divided and the Sees of St. Louis and New Orleans erected. Bishop DuBourg having resigned the See of Louisiana, was transferred to the Diocese of Montauban in France, Aug. 13, 1826, and made Archbishop of the Cardinalatial See of Besançon, Feb. 15, 1833, where he died Dec. 12 of the same year; JOSEPH ROSATI, C.M., Bishop of St. Louis; born Jan. 12, 1789 in Lazio, Italy; ord. Feb. 10, 1811; cons. Bishop of the Titular See of Tenagra and constituted Coadjutor of Bishop DuBourg of Louisiana at Donaldsville, LA, March 25, 1824. When the See 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 23, 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. May 30, 1917; appt. Titular Bishop of Hippo, Feb. 3, 1933 and Auxiliary Bishop of Indianapolis; cons. March 26, 1933; appt. Archbishop of

*Ursuline Sisters*, 601 Fairdale Ave., St. Louis, 63119. Tel: 314-968-9591. Sisters 3.

LIGUORI. *Monastery of St. Alphonsus* (1960) 200 Liguori Dr., 63057-9999. Tel: 636-464-1093; Fax: 636-464-9446; 636-464-1073. Email: redsun@redemptoristinenuns.org; prayerrequest@redemptoristinenuns.org. Web: www.redemptoristinenuns.org. Sisters Janice Marie Klein, O.Ss.R., Prioress; Mary Supawadee Khamsamran, Solemn Professed; Weena Suttinavin, Solemn Professed. Order of the Most Holy Redeemer (Redemptoristine Nuns). Professed 14.

NORMANDY. *Convent of the Immaculate Heart*, 7626 Natural Bridge Rd., 63121. Tel: 314-383-0300; Fax: 314-383-0337. Email: rgsmarie@hotmail.com. Web: www.goodshepherdsisters.org. A residence for aged & infirm Good Shepherd Sisters of the Mid-North America Prov. Total Staff 40; Total in Residence 25.

O'FALLON. *St. Mary's Institute of O'Fallon*, 204 N. Main St., 63366-2299. Tel: 636-240-6010; Fax: 636-272-6031. Email: mwhited@cpps-ofallon.org. Web: www.cpps-ofallon.org. Sr. Mary Whited, C.PP.S., Supr. Gen. Motherhouse of the Sisters of the Most Precious Blood., Chapel of St. Joseph. Sisters in Archdiocese 136.

ST. CHARLES. *Franciscan Sisters of Mary* (1872) 320 Jackson St., 63301-3495. Tel: 636-255-0194; Fax: 636-947-5090. Email: inez_kennedy@csmbc.com.

*Religious of the Sacred Heart* (1800) 301 Decatur St., 63301-2089. Tel: 636-946-7276; Fax: 636-949-6659. Email: mmmunch@rscj.org. Sisters 2; Religious 2.

*Religious of the Sacred Heart-Regis*, 221 Decatur St., 63301. Tel: 636-946-6456; Fax: 636-949-6659. Email: mbusch@rscj.org. Sisters 4.

ST. LOUIS COUNTY. *Religious of the Sacred Heart*, 13544 Conway Rd., 63141. Tel: 314-434-7687. Email: hpadberg@rscj.org. Sisters 2.

*Religious of the Sacred Heart*, 541 S. Mason Rd., 63141-8550. Tel: 314-878-6705. Email: lnordmann@rscj.org. Web: www.rscj.org. Sisters 6.

TOWN AND COUNTRY. *Monastery of the Visitation, St. Louis*, 3020 N. Ballas Rd., 63131. Tel: 314-625-9260; Fax: 314-432-5354. Email: srvharonik@visitationacademy.org. Web: www.visitationmonastery.org/stlouis. Sr. M. Veronica Haronik, V.H.M., Supr. Residence of Visitation Nuns Teaching or Living at the Monastery of the Visitation. Sisters 14.

## [R] HOMES FOR MEN AND WOMEN

ST. LOUIS. *Cathedral Tower*, 325 N. Newstead Ave., 63108. Tel: 314-367-5500, Ext. 121; Fax: 314-361-5099. Email: tgorski@cestl.org. Web: www.cestl.org. Building which houses several agencies of Catholic Charities: Queen of Peace Center; St. Elizabeth Hall; and Peace for Kids, Inc. Residents 150.

*Father Dempsey's Hotel, Inc.*, 3427 Washington Ave., 63103. Tel: 314-535-7221; Fax: 314-535-7289. Email: maboussie@archstl.org. Martie Aboussie, Exec. Dir. Total Staff 4; Total in Residence 50.

*Father Jim's Home*, 3427 Washington Ave., 63103. Tel: 314-535-7221; Fax: 314-535-7289. Email: maboussie@archstl.org. Martie Aboussie, Exec. Dir. Total Staff 4; Total in Residence 50.

*St. Martha's Hall*, P.O. Box 4950, 63108. Tel: 314-533-1313; Fax: 314-533-2035. Email: stmarthashall@sbcglobal.net. Web: www.saintmarthas.org; www.cestl.org. Michelle Schiller-Baker, Dir. Provides Shelter, Advocacy and Support to Abused Women & their Children. Capacity 24; Total Staff 14; Total Assisted Annually 300.

*St. Philippine Home* (1995) 1016 Goodfellow Blvd., 63112. Tel: 314-464-1012; Fax: 314-367-7455. Email: cneumann@cestl.org. Constance S. Neumann, Exec. Dir. Transitional housing for drug affected homeless city women and their children. Bed Capacity 33; Outpatients 20; Total Assisted Annually 95; Total Staff 12.

*Queen of Peace Center* (1985) 325 N. Newstead Ave., 63108. Tel: 314-531-0511; Fax: 314-531-1458. Email: cneumann@cestl.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 244; Total Staff 93; Total Assisted Annually 1,312.

*Rosati Center*, 4220-24 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.

*Rosati Group Home, Inc.*, 4218 N. Grand Blvd., 63107. Tel: 314-534-6624; Fax: 314-535-4394. Email: nbeland@stpatrickcenter.org. Web: stpatrickcenter.org. Greg Vogelweid, Admin. Group Home for homeless mentally ill adults. Managed by St. Patrick Center. Total Assisted 140; Total Staff 10.

NORMANDY. *Maria Droste Residence* (1979) 7660 Natural Bridge Rd., 63121. Tel: 314-383-6663; Fax: 314-382-1325. Web: goodshepherdsisters.org. Sisters of the Good Shepherd., For Women in Need. Capacity 10; Total Assisted 70; Total Staff 6.

## [S] RETREAT HOUSES

ST. LOUIS. *Mercy Center*, 2039 N. Geyer Rd., 63131. Tel: 314-966-4686; Fax: 314-909-4631. Email: mkaletta@corp.mercy.net. Mary Ann Kaletta, Admin. Operated by the Sisters of Mercy of the Americas, Province St. Louis., Conference and Renewal Ministry.

*Mercy Conference and Retreat Center*, Sisters of Mercy of the Americas, 2039 N. Geyer Rd., 63131. Tel: 314-966-4686; Fax: 314-909-4631. Sr. Miriam Nolan, R.S.M., Contact Person.

*White House Retreat* (1922) 7400 Christopher Dr., 63129. Tel: 314-533-8903; Fax: 314-533-8428; Tel: 800-643-1003. Email: whretreat@whretreat.org. Web: www.whretreat.org.

*Retreat House* (1922) 7400 Christopher Dr., 63129. Tel: 314-846-2575; Fax: 314-293-0931. Revs. James J. Burabek, S.J., Dir.; Richard E. Hadel, S.J., Assoc. Dir.; Eugene C. Renard, S.J., Assoc. Dir.; Edward C. O'Brien, S.J., Assoc. Dir.; Leonard E. Kraus, S.J., Assoc. Dir.; Bro. John Fava, S.J., Assoc. Dir. Total in Residence 6; Total Staff 6.

DITTMER. *Il Ritiro-The Little Retreat* (1981) 7935 St. Francis Ln., P.O. Box 36, 63023. Tel: 636-274-0554 (Toll Free from St. Louis); Fax: 636-274-2380. Email: gpeter@nightowl.net. Revs. Bertin Miller, O.F.M., Exec. Dir.; Michael Crosby, O.F.M., Dir.; Dismas Benner, O.F.M.; Bros. Patrick Kendrick, O.F.M.; Michael Jennrich, O.F.M.; Pio Jackson, O.F.M. Operated by the Franciscan Friars. Priests 5; Brothers 1; Total in Residence 6; Total Staff 6.

*Vianney Renewal Center* (1988) 6476 Eime Rd., P.O. Box 130, 63023. Tel: 636-274-5226; Fax: 636-274-1430. Web: www.theservants.org. Very Rev. Liam Hoare, s.P., Paraclete Dir.; Rev. Philip Taylor, s.P., Prog. Dir.; Dr. Rob Furey, Ph.D., Clinical Dir. Operated by the Servants of the Paraclete. Total in Residence 21; Total Staff 17.

EUREKA. *Marianist Retreat & Conference Center* (1957) P.O. Box 718, 63025-0718. Tel: 636-938-5390; Fax: 636-938-3493. Email: maemrce@aol.com. Web: www.mretreat.org. Sr. Paulette Patritti, O.P., Dir.; Revs. Jose Ramirez, S.M.; Eugene Sweeney, S.M. (Retired). Conducted by the Society of Mary., Center for Formation and Growth in the Christian Life. Total in Residence 9; Total Staff 22.

FLORISSANT. *Pallottine Renewal Center* (1969) 15270 Old Halls Ferry Rd., 63034. Tel: 314-837-7100; Fax: 314-837-1041. Email: Pall4@juno.com. Web: www.pallottinerenewal.org. Sr. Elizabeth Monsanto, Dir. Pallottine Missionary Sisters, Queen of Apostles Province. Total in Residence 7; Total Staff 17.

HIGH RIDGE. *Society of Our Mother of Peace at Mary the Font Solitude* (1966) 6150 Antire Rd., 63049-2136. Tel: 636-677-3235; Fax: 636-677-5284. 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 Guste, S.M.P.

PEVELY. *Vision of Peace Ministries* (1977) Abbey Ln., P.O. Box 69, 63070. Tel: 636-475-3697; 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* (1866) 2101 Rue De La Salle, 63038-2299. Tel: 636-938-5374; Fax: 636-587-9792. Email: Cdesalle@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.; Gerri Schroeder, Retreat Coord. Community 6; Total in Residence 6; 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@cncumsl.org. Web: www.cncumsl.org. Rev. William G. Kempf, Dir.

*Washington University Newman Center*, Washington University Newman Chapel, 6352 Forsyth Blvd., 63105-2269. Tel: 314-935-9191, Ext. 213; 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, 63157. Tel: 314-521-2055. Email: jfmccarthy1@sbcglobal.net. Rev. Msgr. John F. McCarthy, Dir.

## [V] MISCELLANEOUS

ST. LOUIS. *Alexian Brothers of Missouri, Inc.* (1984) *Alexian Brothers (Residence)*, 3900 S. Grand, 63118. Tel: 314-771-5800; Fax: 314-771-7530.

*Alexian Brothers of St. Louis, Inc.* (1972) *Alexian Brothers (Residence)*, 3910 Ohio, 63118. Tel: 314-865-2224; Fax: 314-865-2564.

*Alexian Brothers Services, Inc.*, 3900 S. Grand, 63118.

*Almost Home* (1993) 3200 St. Vincent Ave., 63104-1336. Tel: 314-771-4663; Fax: 314-865-4692. Email: smukhtiar@almosthomestl.org. Web: www.almosthomestl.org. Sheree 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. Soppington Rd., 63122. Tel: 314-966-7725.

*Anne Trust*, 6400 Minnesota Ave., 63111. Tel: 314-481-8800; Fax: 314-481-2366. A Charitable Trust Fund Established to Support the Religious and Charitable Purposes of the Sisters of St. Joseph of Carondelet, St. Louis Province.

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

*Archdiocesan Planned Giving & Endowment Council*, 4445 Lindell Blvd., 63108. Tel: 314-533-2222; Fax: 314-533-2333. Web: www.archstl.org. Mr. Frank J. Cognata Jr., Chief Devel. Officer; Mrs. Jeanne Rudolph, Co-Planned Giving Assoc.; Ms. April Essewah, Co-Planned Giving Assoc.; Mr. Jonathan W. Igoe, Chm.; Mr. George T. Bitleman Jr.; Mr. William A. Drennan; David Fairchild; Ms. Rosemary Fairhead; Mr. Daniel Gunn; Most Rev. Robert Hermann; Mr. William Jochens; Ms. Marie Kenyon, J.D.; Mr. Raymond S. Kreienkamp; Mr. Joseph McAuliffe; Mr. Carl Markus; Mr. Michael F. Niemann; Mr. William P. O'Connor; Mrs. Jill M. Palmquist; Mrs. Carolyn Parmer; Mr. Gregory Reynders; Mr. Mark Riordan; Mr. Sharon Sanders; Mr. James Schaller; Mr. Don Shasserre; Mr. Robert M. Ventimiglia; Mr. Michael Weishred.

*Archdiocesan Stewardship Education Committee*, 20 Archbishop May Dr., 63119. Tel: 314-792-7215; Fax: 314-792-7229. Email: arschen@arstl.org. Web: www.archstl.org/stewardship. Mr. Frank J. Cognata Jr., Chief Devel. Officer; Susan Erschen, Dir. Stewardship Education; Mr. Thom Digman; Matthew Mayer; Beth Marita; Don Lapoint; Mary Reichenbach; Deacon Thomas Forster; Revs. James J. Benz; Christopher M. Martin; Rev. Msgr. Gregory R. Mikesch; Rev. John Siefert; Rev. Msgr. Joseph M. Simon; Rev. William Vatterot.

*ASC Health*, 4233 Sulphur Ave., 63109. Tel: 314-351-6294.

*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. Co-sponsored by four of the United States Provinces of the Daughters of Charity: Northeast Prov., Albany, NY; Southeast Prov., Emmitsburg, MD; East Central Prov., Evansville, IN; West Central Prov., St. Louis, MO and by the Congregation of St. Joseph and the Congregation of the Sisters of St. Joseph of Carondelet.

*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, 10015 Kennerly Rd., 63128. Tel: 314-525-1622. Karen Molner, Pres.

*Birthright*, 2206 S. Brentwood Blvd., 63144. Tel: 314-962-5300; Fax: 314-962-7686. Web: www.birthrightstlouis.org. Ruth A. Bradberry, Admin. Dir. Total Assisted 5,679; Total Staff 25.
Branch Offices:
6680 Chippewa, 63109. Tel: 314-962-3553; Fax: 314-351-4531.
3435-C Bridgeland, Bridgeton, 63044. Tel: 314-298-0945; Fax: 314-298-0513.

*St. Louis Area Women Religious Collaborative Ministries* (1998) 4330 Olive St., 63108. Tel: 314-770-2527; Fax: 314-533-3226. Email: ctpproject@aol.com. Sr. M. Philip Agnew, D.C., Contact Person. Includes English Tutoring Project for Immigrant/Refugee Children and Intercommunity Environmental Council.

*St. Louis Catholic Charismatic Renewal*, 10909 St. Henry Ln., St. Ann, 63074. Tel: 314-427-7766; Fax: 314-427-7769. Email: janeguenther@archstl.org. Web: www.stlrenewal.org. Rev. Msgr. Edmund O. Griesedieck, Dir. (Retired); Mrs. Jane Guenther, Coord.

*Abiding Bible Companion* (2001) Tel: 314-725-6527.

*Healing & Deliverance Ministry*

*Magnificat* Tel: 314-427-7786; Fax: 314-427-7769.

*Tree House Healing Ministry* Tel: 314-427-7768; Fax: 314-427-7768.

*Theotokos Ministry*, 4311 S. Compton, 63111. Tel: 314-351-5061. Center with books & tapes, prayer time, ministry times, retreats for parishes, leaders training, small faith groups, conferences, special events & days of renewal.

*Two Alike* Tel: 314-427-7786; Fax: 314-427-7769.

*St. Louis County Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*Mary and Joseph Trust*, 1100 Bellevue Ave., 63117-1826. Tel: 314-768-1817; Fax: 314-768-1803. Email: jashaughnessy@fsmonline.org.

*Mary Queen Charitable Trust Fund, La Salette Missionaries*, 4650 South Broadway, 63111. Tel: 314-353-5000.

*Mercy Foundation for Health Innovation* (2003) 14528 S. Outer Forty, Ste. 100, Chesterfield, 63017. Tel: 314-579-6100; Fax: 314-628-3732. Email: bbartoo@corp.mercy.net. Mr. Bruce Bartoo, Pres.

*Mercy Investment Services, Inc.*, 2039 N. Geyer Rd., 63131.

*Midwest Coalition for Responsible Investment*, 6400 Minnesota Ave., 63111.

*Missionaries of the Holy Family Retirement Trust Fund*, 3014 Oregon Ave., 63118. Tel: 314-677-6300; Fax: 314-577-6301.

*National Catholic Ministry to the Bereaved*, P.O. Box 16353, 63125-0353. Tel: 314-638-2638; Fax: 314-638-2639. Email: NCMBereave@aol.com. Web: www.griefwork.org. Sr. Mary Ann Wachtel, S.F.C.C., Exec. Dir.; John Cherek, Pres. N.C.M.B. offers pastoral and spiritual support to the bereaved, caregivers, agencies, dioceses, congregations, and parishes through education and resources for the development of grief support groups and a training program & manual for ministers of consolation. Total Staff 1; Total Assisted 12,000.

*National Christian Life Community of the United States of America (CLC)* (1540) 3601 Lindell Blvd., Rm. 202 (Jesuit Hall), 63108-3393. Tel: 314-633-4628; Fax: 314-633-4404. Web: www.clc-usa.org. Ann Marie Brennan, Pres. Founded c. 1540 & approved 1584, a public, intl. assn. of the Faithful of Pontifical Right which builds small Faith-Communities for mission & svc. to the church. It uses the Spiritual Exercises of Saint Ignatius of Loyola as its specific source & characteristic instrument for its spirituality. Membership equally open to primarily catholic christian men, women, youth & young adults, clergy, brothers & sisters.

*Network of Sacred Heart Schools, Inc.*, 700 N. Third St., St. Charles, 63301. Tel: 636-724-7003; Fax: 636-724-4049. Email: nshoffice@sofie.org. Web: www.sofie.org. Madeleine Ortman, Dir.

*Notre Dame Ministry Corporation* (1994) 320 Ripa Ave., 63125. Tel: 314-544-0455; Fax: 314-544-6754. Mr. Michael Reilly, Pres.; Mrs. Niki Stilwell, Vice Pres.; Mr. Dan Stricker, Treas.; Mr. Bernard Huger, Legal Counsel, Asst. Sec.; Sr. Jean Schmid, S.S.N.D., Recording Sec. Includes: Notre Dame High School, Notre Dame Preschool.

*Our Lady's Inn* (1981) 4223 S. Compton, 63111. Tel: 314-351-4590; Fax: 314-351-2119. Email: glee@ourladysinn.org. Web: www.ourladysinn.org. 3607 Hwy. D., Defiance, 63341. Tel: 636-398-5375; Fax: 636-398-5376. Gloria Lee, Contact Person. Residential shelters for pregnant women who have no home, who are being abused, who have no one who cares, and/or who are being pressured to abort their baby. We provide living facilities, food, clothing, counseling, vocational guidance and followup care. Total Assisted 650; Total Staff 40.

3607 Hwy. D, Defiance, 63341. Tel: 636-398-5375; Fax: 636-398-5376.

*St. Patrick Center* (1983) 800 N. Tucker, 63101. Tel: 314-802-0700; Fax: 314-802-1951. Email: gvogelweid@stpatrickcenter.org. Web: stpatrickcenter.org. Located in downtown St. Louis, St. Patrick Center provides opportunities for self-sufficiency and dignity to persons who are homeless or at risk of becoming homeless. Individuals achieve permanent, positive changes in their lives through education, affordable housing, sound mental health, employment and financial stability. Total Assisted 8,000; Total Staff 125.

*Pauline Books and Media*, 9804 Watson Rd., 63126. Tel: 314-965-3512; 314-965-5273; Fax: 314-821-8401. Email: stlouis@pauline.org. Web: www.pauline.org. Daughters of St. Paul.

*Pelletier Trust, a Charitable Trust of the Sisters of the Good Shepherd* (1990) 63121. Tel: 314-381-3400; Fax: 314-381-6449.

*Perpetual Help Retirement Corporation* (2002) 335 S. Kirkwood Rd., 63122. Tel: 314-965-3700; Fax: 314-965-3710. Email: srmaryanne@thalph.org. Web: www.franciscansisters-alph.org. Established by the Franciscan Sisters of Our Lady of Perpetual Help to Support the Religious and Charitable Purposes of the Franciscan Sisters of Our Lady of Perpetual Help.

*Perry County Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*Redemptorists of Mattese* (1989) 1118 N. Grand Blvd., 63106. Tel: 314-533-0304; Fax: 314-533-4260. Bro. Terrence Burke, C.Ss.R.

*Review for Religious*, 3601 Lindell Blvd., 63108. Tel: 314-633-4610; Fax: 314-633-4611. Email: review@slu.edu. Web: www.reviewforreligious.org. Rev. David L. Fleming, S.J., Editor. Total Staff 5.

*Rosati Center*, 4220 N. Grand Ave., 63107.

*The Sarah Community*, 1100 Bellevue Ave., 63117-1826. Tel: 314-768-1817; Fax: 314-768-1803. Email: jashaughnessy@fsmonline.org. Purpose: provides retirement housing and services to members of religious congregations and laity. Operates the following: Anna House, a skilled nursing facility; Veronica House, a residential care facility; Naomi House, an independent living facility.

*The Sarah Community Foundation*, 1100 Bellevue Ave., 63117-1826. Tel: 314-768-1817; Fax: 314-768-1803. Email: jashaughnessy@fsmonline.org. Mr. John O'Shaughnessy, Contact Person.

*Seton Institute, Ascension Health*, 4600 Edmundson Rd., P.O. Box 45998, 63164. Tel: 314-733-8266; Fax: 314-733-8013. Email: jimpicciche@ascensionhealth.org. Web: www.setoninstitute.org. Joseph R. Impicciche, Senior Vice Pres. & Gen. Counsel, Ascension Health.

*Sisters of the Good Shepherd Province of Mid-North America Foundation* (2001) 7654 Natural Bridge Rd., 63121. Tel: 314-381-3400; Fax: 314-381-7102. Email: cmcquaid@gspmna.org. Web: goodshepherdsisters.org. Sr. Mary Carolyn McQuaid, R.G.S.

*Society Devoted to the Sacred Heart*, 9600 Tennyson Ave., 63114. Tel: 314-429-0526; Fax: 314-429-0794. Email: sdshstl@juno.com. Web: www.sacredheartsisters.com.

*Society of St. Vincent de Paul, Council of St. Louis* (1845) 100 N. Jefferson Ave., 63103. Tel: 877-238-3228; 314-881-6000; Fax: 314-531-6712. Email: info@svdpstl.org. Web: www.servingthepoor.com. Lay-based volunteer organization which provides both direct aid and program services to all eleven counties of the Archdiocese. Affiliated with 142 parishes; Car donation program which provides cars to those in need; Serves the incarcerated, their families, and victims through a three-fold approach of direct service, public education, and advocacy for systemic change within the judicial and corrections systems; Provides referrals for people seeking work, for those addicted to drugs or alcohol, and for those with emotional problems; Archdiocesan outreach program targeting hunger and utility relief, administered by the Society of St. Vincent de Paul; Provides household resources to members attempting to help needy individuals. Offers low-cost items for sale to the public. Proceeds benefit agency programs and services. Total Assisted 259,021; Total Staff 45; Volunteer Members 2,800.

*Vinnie's Auto*, 4127 Forest Park Ave., 63108-2908. Tel: 888-240-4225; Fax: 314-531-6712. Email: info@svdpstl.org. Web: www.servingthepoor.org.

*Criminal Justice Ministry*, 100 N. Jefferson Ave., 63103. Tel: 314-652-8062; Fax: 314-531-6712. Email: info@svdpstl.org. Web: www.servingthepoor.org.

*Food and Fuel for Life*, 100 N. Jefferson Ave., 63103. Tel: 877-238-3228; 314-881-6000; Fax: 314-531-6712. Email: info@svdpstl.org. Web: www.servingthepoor.org. Mr. Ronald F. Guz, Pres.

*St. Vincent de Paul Thrift Store*, 4127 Forest Park Ave., 63108. Tel: 314-881-6013; Fax: 314-531-6712. Email: info@svdpstl.org. Provides household resources to members helping needy individuals. Offers low-cost items for sale to the public. Proceeds benefit agency programs and services.

*St. Vincent de Paul Thrift Store*, 1071 Regency Pkwy., St. Charles, 63303. Tel: 636-946-1700.

**Society of St. Vincent de Paul, National Administration Services, Inc.*, 58 Progress Pkwy., 63043-3706. Tel: 314-576-3993; Fax: 314-573-6755. Email: usacouncil@svdpusa.org. Web: www.svdpusa.org. Roger T. Playwin, Natl. Exec. Dir.; Terry Wilson, Bd. Chair.

**Society of St. Vincent DePaul, Council of the United States* (1845) 58 Progress Pkwy., 63043-3706. Tel: 314-576-3993; Fax: 314-576-6755. Email: usacouncil@svdpusa.org. Web: www.svdpusa.org. Joseph D. Flannigan, National Pres.; Roger T. Playwin, National Exec. Dir.; Most Rev. John Quinn, Natl. Episcopal Advisor.

*SSM Health Businesses*, 477 N. Lindbergh, 63141. Tel: 314-994-7800; Fax: 314-994-7900. Email: june_pickett@ssmhc.com. Member of SSM Health Care.

*SSM Health Care Corporation*, 477 N. Lindbergh, 63141. Tel: 314-994-7800; Fax: 314-994-7762. Email: june_pickett@ssmhc.com. Member of SSM Health Care.

*SSM Health Care Portfolio Management Company*, 447 N. Lindbergh Blvd., 63141. Tel: 314-994-7800; Fax: 314-994-7900. Email: june_pickett@ssmhc.com. Member of SSM Health Care

*SSM Health Care St. Louis*, 1173 Corporate Lake Dr., 63132. Tel: 314-989-2000; Fax: 314-989-2400. Web: www.ssmhealth.com. Email: judy_gartland@ssmhc.com. Member of SSM Health Care.

*SSM Hospice and Home Care Foundation*, 10143 Paget Dr., 63132. Tel: 314-989-2545; Fax: 314-989-2903. Greg Hewitt, Foundation Dir.

*SSM St. Mary's Health Center Foundation*, 6420 Clayton Rd., 63117. Tel: 314-768-8741; Fax: 314-768-7124. Email: lindsey_fortner@ssmhc.com. Web: www.stmarys-stlouis.com. Member of SSM Health Care.

*SSM Regional Health Services*, 477 N. Lindbergh Blvd., 63141. Tel: 314-994-7800; Fax: 314-994-7900. Email: june_pickett@ssmhc.com. Member of SSM Health Care.

*St. Charles County Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 636-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*St. Francois County Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*St. Louis City Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*Ste. Genevieve County Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person. Priests 1.

*Theology Digest*, 3500 Lindell Blvd., 63156-0907. Tel: 314-977-3410; Fax: 314-977-3704. Email: thdigest@slu.edu. Total Staff 3.

*Ursuline Sisters Trust Fund*, 353 S. Sappington Rd., 63122. Tel: 314-821-6884; Fax: 314-821-6888. Web: www.csucentral.org. Sr. Virginia Cirone, O.S.U.

*The Vincentian Press Religious Supply*, 1405 S. Ninth St., 63104. Tel: 314-421-2834; Fax: 314-421-0584. Rev. Joseph E. Begue, C.M., Dir. Total Staff 2.

*Warren County Catholic Church Real Estate Corporation*, 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*Washington County Catholic Church Real Estate Corporation* (1921) 20 Archbishop May Dr., 63119. Tel: 314-633-2222; Fax: 314-633-2333. Rev. Msgr. Jerome D. Billing, S.T.L., J.C.L., Contact Person.

*We & God Spirituality Center*, 3601 Lindell Blvd., Ste. 617, 63108. Tel: 314-633-4630; Fax: 314-633-4404. Email: wgsc@weandgod.org. Web: www.weandgod.org.

**Women for Faith and Family* (1984) P.O. Box 300411, 63130. Tel: 314-863-6385; Fax: 314-863-5858. Email: editor@wf-f.org. Web: www.wf-f.org. Mrs. Helen Hull Hitchcock, Pres.

*Young Catholic Musicians*, 1919 S. 7th St., 63104. Tel: 314-962-9260; Fax: 314-231-7464. Email: revycm@charter.net. Mary Smith, Contact Person.

BRIDGETON. *Boys Hope Girls Hope*, 12120 Bridgeton Square Dr., 63044. Tel: 314-298-1250; Fax: 314-298-1251. Email: hope@bhgh.org. Web: www.boyshopegirlshope.org. Paul A. Minorini, Pres. & CEO. A College Prepatory Residential Child Care Agency Serving Abandoned, Abused and Neglected Children. Founded in 1977; With affiliated programs in: Baton Rouge; Chicago; Cincinnati; Denver; Detroit; Nevada; New Orleans; New York; Northeast Ohio; Orange County, CA; Phoenix; Pittsburgh; St. Louis; San