# Before Starting the Project Application

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

Things to Remember

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

# 1A. Application Type

### Instructions:

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

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

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

Applicant Identifier: Field intentionally left blank, cannot edit.

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

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

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

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

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

| | |
|---|---|
| **1. Type of Submission:** | |
| **2. Type of Application:** | Renewal Project Application |
| **If "Revision", select appropriate letter(s):** | |
| **If "Other", specify:** | |
| **3. Date Received:** | 11/13/2015 |
| **4. Applicant Identifier:** | |
| **5a. Federal Entity Identifier:** | |
| **5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).** | MO0112L7E011406 |
| **Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number** | X |
| **6. Date Received by State:** | |
| **7. State Application Identifier:** | |

# 1B. Legal Applicant

## Instructions:

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

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

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

**8. Applicant**

**a. Legal Name:** City of St. Louis

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 43-6003231

| | | | | |
|---|---|---|---|---|
| | **c. Organizational DUNS:** | 620680223 | **PL US 4** | |

**d. Address**

**Street 1:** 1520 Market

**Street 2:** Suite 4065

**City:** St. Louis

**County:** St. Louis City

**State:** Missouri

**Country:** United States

**Zip / Postal Code:** 63103

**e. Organizational Unit (optional)**

**Department Name:** Human Services

**Division Name:** Homeless Services

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

| | |
|---|---|
| **Prefix:** | Mr. |
| **First Name:** | Eddie |
| **Middle Name:** | |
| **Last Name:** | Roth |
| **Suffix:** | |
| **Title:** | Director |
| **Organizational Affiliation:** | City of St. Louis |
| **Telephone Number:** | (314) 612-5900 |
| **Extension:** | |
| **Fax Number:** | (314) 612-5090 |
| **Email:** | rothe@stlouis-mo.gov |

# 1C. Application Details

### Instructions:

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

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

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

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

# 1D. Congressional District(s)

### Instructions:

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

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

Congressional District(s):

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

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

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

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

**15. Descriptive Title of Applicant's Project:** Doorways Jumpstart

**16. Congressional District(s):**

**a. Applicant: (for multiple selections hold CTRL key)** MO-001

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

**17. Proposed Project**

**a. Start Date:** 11/01/2016

**b. End Date:** 10/31/2017

**18. Estimated Funding ($)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

# 1E. Compliance

### Instructions:

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

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

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

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

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

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

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

# 1F. Declaration

## Instructions:

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

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

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

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

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

**I AGREE:** X

### 21. Authorized Representative

| | |
|---|---|
| **Prefix:** | Mayor |
| **First Name:** | Francis |
| **Middle Name:** | G. |
| **Last Name:** | Slay |
| **Suffix:** | |
| **Title:** | Mayor |
| **Telephone Number: (Format: 123-456-7890)** | (314) 622-3201 |
| **Fax Number: (Format: 123-456-7890)** | (314) 622-4061 |

**Email:** slayf@stlouis-mo.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 11/13/2015

# 2A. Project Subrecipients

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

**Total Expected Sub-Awards:** $240,988

| Organization | Type | Sub-Award Amount |
|---|---|---|
| Interfaith Residence, d/b/a Doorways | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) | $240,988 |

# 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:** Interfaith Residence, d/b/a Doorways

**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:** 43-1484279

| | | | | |
|---|---|---|---|---|
| | *** d. Organizational DUNS:** | 809004831 | **PL US 4** | |

**e. Physical Address**

**Street 1:** 4385 Maryland Avenue

**Street 2:**

**City:** St. Louis

**State:** Missouri

**Zip Code:** 63108-2703

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

**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:** $240,988

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Opal

**Middle Name:** M.

**Last Name:** Jones

**Suffix:**

**Title:** President and Chief Executive Officer

**E-mail Address:** ojones@doorwayshousing.org

**Confirm E-mail Address:** ojones@doorwayshousing.org
**Phone Number:** 314-535-1919
**Extension:** 3,030
**Fax Number:** 314-535-0909

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

# 2B. Recipient Performance

## Instructions:

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

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

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

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

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

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

### 1. APR Submission

| | |
|---|---|
| **Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** | Yes |

### 2. HUD Monitoring Findings

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

### 3. Quarterly Drawdowns

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

## 4. Recaptured Funds

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

# 3A. Project Detail

## Instructions:

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

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

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

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

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

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

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

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

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

**1. Expiring Grant Number:** MO0112L7E011406

(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:** Doorways Jumpstart

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

# 3B. Project Description

**Instructions:**

ALL PROJECTS

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

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

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

PH, TH and SSO PROJECTS ONLY

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

PH PROJECTS ONLY

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

PH AND TH PROJECTS ONLY:

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

RENTAL ASSISTANCE PROJECTS ONLY

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

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

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

Jumpstart is an 18-unit, scattered site, permanent supportive housing program providing an average of 65 beds for disabled parents living with HIV/AIDS ("PLWH/A") and their children. Clients come from diverse backgrounds,with needs beyond housing, such as drug and/or alcohol dependency, physical disability, mental health conditions and domestic violence experience.

The program provides leased housing and an array of supportive services designed to stabilize clients, while providing life skills and education services to assist parents toward financial independence. Direct client aid in the form of transportation and food vouchers enables client families to remain in medical care and access other community social services, while raising well-fed children ready to learn.

Research indicates that at least 50% of all PLWH/A experience homelessness or housing instability; and homeless PLWH/ are three times more likely to be outside the medical care system. It has also been found that stable housing has more predictive relevance for HIV health outcomes than demographics, substance use, mental health or utilization of other services. The success of the housing/service model has been confirmed by findings that homeless PLWH/A, even those with lifelong chronic care needs, mental illness or chemical dependence, can successfully transition to live in independent settings if provided with necessary support; that they will voluntarily access supportive services; and, when stably housed, will become active participants in their own medical and psychosocial care. Thus, a housing program such as Jumpstart not only has a high likelihood of success for clients and their children, but the investment in housing subsidy is far less than the projected public health cost of continued housing instability for PLWH/A.

Jumpstart offers an excellent opportunity for homeless families living with HIV to achieve both housing and health stability so that they can be effective hands-on parents, while receiving and complying with HIV medical treatment. With the security of permanent housing and targeted supportive services, clients are able to be responsible parents who provide a safe environment for their children, deal with co- occurring behavioral issues, and gain the security and confidence to pursue education, job training and/or employment. The program's goal is for these families to control HIV and gain independent income sources so that the family can transition to independent housing.

This program collaborates with other area agencies to help clients receive the services they need. In addition to participation in area Continuum of Care, Doorways initiated, maintains, and renewed in 2013, a linkage agreement with 12 area AIDS Service organizations to ensure access to care. The program coordinator provides referrals for employment training and other job-related services.

CoC funding provides the principal support for this program.

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

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

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

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

**Other:**

**4. Housing First**

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

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

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

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

| | |
|---|---|
| **Failure to participate in supportive services** | X |
| **Failure to make progress on a service plan** | X |
| **Loss of income or failure to improve income** | X |
| **Being a victim of domestic violence** | X |
| **Any other activity not covered in a lease agreement typically found in the project's geographic area.** | X |
| **None of the above** | |

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

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

**5a. Does the project request costs under the rental assistance budget line item?** No

# 4A. Supportive Services for Participants

**Instructions:**

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

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

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

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

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

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

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

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

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

**1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

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

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

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

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

| | |
|---|---|
| **3b. Use of a single application form for four or more mainstream programs?** | Yes |
| **3c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** | Yes |
| **4. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** | Yes |
| **4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** | Yes |

# 4B. Housing Type and Location

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

**Total Units:** 18

**Total Beds:** 66

**Total Dedicated CH Beds:** 0

**Total Prioritized CH Beds:** 5

| Housing Type | Units | Beds | Dedicated CH Beds | Non-Dedicated CH Beds |
|---|---|---|---|---|
| Scattered-site apartments (... | 18 | 66 | 0 | 66 |

# 4B. Housing Type and Location Detail

**Instructions:**

ALL PROJECTS EXCEPT HMIS

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

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

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

PH-PSH PROJECTS ONLY

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

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

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

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

ALL PROJECTS EXCEPT HMIS

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

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

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

**1. Housing Type:** Scattered-site apartments (including efficiencies)

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

**a. Units:** 18

**b. Beds:** 66

**3. Beds for the Chronically Homeless**

| | |
|---|---|
| **a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?** | 0 |
| **b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?** | 66 |
| **c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?** | 5 |
| **d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year?** | 5 |

**4. Address:**

**Street 1:**

**Street 2:**

**City:**

**State:**

**ZIP Code:**

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

294626 St Louis

# 5A. Project Participants - Households

## Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

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

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

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

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

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

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

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

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| Total Number of Households | 19 | 0 | 0 | 19 |

| 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** | 19 | 0 | | 19 |
| **Adults ages 18-24** | 10 | 0 | | 10 |
| **Accompanied Children under age 18** | 37 | | 0 | 37 |
| **Unaccompanied Children under age 18** | | | 0 | 0 |
| **Total Persons** | 66 | 0 | 0 | 66 |

**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** | | 0 | 0 | 2 | 17 | 1 | 8 | 0 | 0 | 1 |
| **Adults ages 18-24** | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 9 |
| **Children under age 18** | 0 | | | 0 | 2 | 1 | 0 | 2 | 1 | 32 |
| **Total Persons** | 0 | 0 | 0 | 2 | 20 | 2 | 8 | 2 | 1 | 42 |

**Click Save to automatically calculate totals**

## Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|---|---|---|---|---|---|---|---|---|---|---|
| **Adults over age 24** | | | | | | | | | | |
| **Adults ages 18-24** | | | | | | | | | | |
| **Total Persons** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Persons in Households with Only Children

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

### Describe the unlisted subpopulations referred to above:

These are accompanied children who do not suffer from any of the disabling conditions listed above

# 5C. Outreach for Participants

## Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

AND/OR

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

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

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

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

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

| | |
|---|---|
| **0%** | **Directly from the street or other locations not meant for human habitation.** |
| **100%** | **Directly from emergency shelters.** |
| **0%** | **Directly from safe havens.** |

| | |
|---|---|
| **0%** | **Directly from the street or other locations not meant for human habitation.** |
| **0%** | **From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.** |
| **0%** | **Persons fleeing domestic violence.** |
| **100%** | **Total of above percentages** |

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

# 6A. Standard Performance Measures

## Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

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

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

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

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

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

| Housing Measure | Target (#) | Universe (#) | Target (%) |
|---|---|---|---|
| **1a. PSH: Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.** | 17 | 18 | 94% |

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

| Income Measure | Target (#) | Universe (#) | Target (%) |
|---|---|---|---|
| **2a. Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project exit.** | 15 | 18 | 83% |
| **OR** | | | |
| **2b. Adults who maintained or increased their earned income as of the end of the operating year or project exit.** | | | 0% |

# 6B. Additional Performance Measures

## Instructions:

ALL PROJECTS EXCEPT HMIS; MANDATORY FOR SSO COORDINATED ENTRY

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

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

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

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

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

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

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

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

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

| Proposed Measure |
|---|
| HIV+ clients with... |
| Residents will ad... |
| Jumpstart clients... |

# 6B. Additional Performance Measures Detail

## Instructions:

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

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

| a. Proposed Measure | b. Target (#) | c. Universe (#) | d. Target (%) (Calculated) |
|---|---|---|---|
| HIV+ clients with co-occurring health or behavioral health conditions will engage in services designed to improve these conditions | 7 | 9 | 78% |

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

Service engagement is tracked according to client disclosure and is recorded in client files and/or the statewide Ryan White database system.

### 3. Specific data elements and formula proposed for calculating results

The success of this measure will be determined by calculating the percentage of program participants with co-occurring conditions who enroll in services designed to improve those conditions. It will be calculated by dividing the number of program participants with co-occurring conditions who are enrolled in related services by the total number of program participants with co-occurring conditions.

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

Managing health and behavioral conditions is essential to a client's ability to maintain stable housing, manage HIV and health conditions, become and/or remain employable, increase income and achieve greater self-sufficiency.

# 6B. Additional Performance Measures Detail

### Instructions:

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

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

| a. Proposed Measure | b. Target (#) | c. Universe (#) | d. Target (%) (Calculated) |
|---|---|---|---|
| Residents will adhere to HIV treatment plan. | 14 | 18 | 78% |

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

Medical data that indicates treatment adherence is recorded in the statewide Ryan White database SCOUT.

### 3. Specific data elements and formula proposed for calculating results

Success will be measured by calculating the percentage of HIV positive program participants who show improvements in their viral loads and/or CD4 counts.

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

Managing HIV is important to clients' ability to maintain stable housing, be healthy enough to become or remain employed, increase income and achieve greater self-sufficiency.

# 6B. Additional Performance Measures Detail

**Instructions:**

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

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

| a. Proposed Measure | b. Target (#) | c. Universe (#) | d. Target (%) (Calculated) |
|---|---|---|---|
| Jumpstart clients will take responsibility to address the education, health and/or behavioral health needs of their children. | 17 | 18 | 94% |

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

Client action is tracked according to client disclosure and is recorded in client files.

## 3. Specific data elements and formula proposed for calculating results

The success of this measure will be determined by calculating the percentage of program participants who participate in services designed to address the education, health and/or behavioral health needs of their children. it will be calculated by dividing the number of program participants needing these resources by the total number of program participants.

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

Addressing the needs of health, education and security of children is a fundamental tenet and goal of this program, and is the intended byproduct for many of the supportive services. Trying to provide a better life for their children reflects a level of engagement, emotional and fiscal responsibility, and self-sufficiency that this program encourages.

# 7A. Funding Request

## Instructions:

ALL PROJECT APPLICATIONS

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** | No |
| **3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** | Yes |
| **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** | X |
| **Leased Structures** | |
| **Supportive Services** | X |
| **Operations** | X |
| **HMIS** | |

# 7B. Leased Units Budget

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

| | | | |
|---|---|---|---|
| **Total Annual Assistance Requested:** | | $154,414 | |
| **Grant Term:** | | 1 Year | |
| **Total Request for Grant Term:** | | $154,414 | |
| **Total Units:** | | 18 | |
| **FMR Area** | **Total Units Requested** | **Total Annual Budget Requested** | **Total Budget Requested** |
| IL - St. Louis, M... | 18 | $154,414 | $154,414 |

# Leased Units Budget Detail

## Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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) entered must match the HUD approved FY 2015 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2015 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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/

## Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

### Leased Units Annual Budget

| Size of Units | # of Units (Applicant) | Total Request (Applicant) |
|---|---|---|
| **SRO** | 0 | |
| **0 Bedroom** | 0 | |
| **1 Bedroom** | 0 | |
| **2 Bedroom** | 6 | |
| **3 Bedroom** | 7 | |
| **4 Bedroom** | 5 | |
| **5 Bedroom** | 0 | |
| **6 Bedroom** | 0 | |
| **7 Bedroom** | 0 | |
| **8 Bedroom** | 0 | |

| | | |
|---|---|---|
| **9 Bedroom** | 0 | |
| **Total Units and Annual Assistance Requested** | 18 | $154,414 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $154,414 |

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

# 7E. Supportive Services Budget

## Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2015 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 total amount requested for each eligible cost 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/

### A quantity AND description must be entered for each requested cost.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|---|---|
| **1. Assessment of Service Needs** | | |
| **2. Assistance with Moving Costs** | | |
| **3. Case Management** | 0.4FTE Client Service Coordinator ($46k annually); | $18,400 |
| **4. Child Care** | | $0 |
| **5. Education Services** | Books, school supplies, workshops, mobile internet for inhome classes with CSC for homebound clients), Learning Aids | $1,100 |
| **6. Employment Assistance** | | $0 |
| **7. Food** | Food vouchers for program participants | $14,000 |
| **8. Housing/Counseling Services** | 0.19FTE Client Service Coordinator ($46k annually), | $8,740 |
| **9. Legal Services** | | $0 |
| **10. Life Skills** | 0.393 FTE Client Service Coordinator ($46k annually) | $18,072 |
| **11. Mental Health Services** | | |
| **12. Outpatient Health Services** | | $0 |
| **13. Outreach Services** | | $0 |

| | | |
|---|---|---|
| **14. Substance Abuse Treatment Services** | | $0 |
| **15. Transportation** | Bus passes (18@$30-75/pass/per month), Call-a-Ride, Cab Expenses, staff mileage to scattered site units is reimbursed at a rate of $0.56/per mile | $10,000 |
| **16. Utility Deposits** | | $0 |
| **17. Operating Costs** | | $0 |
| **Total Annual Assistance Requested** | | $70,312 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $70,312 |

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

# 7F. Operating Budget

## Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2015 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2015 CoC Program Competition NOFA.

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 the total amount requested for each eligible cost 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/

### A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|---|---|
| **1. Maintenance/Repair** | Repair/cleaning of leased units between tenants not otherwise covered by landlord; payment to appropriate service providers for maintenance and repairs, all related supplies | $1,000 |
| **2. Property Taxes and Insurance** | | $0 |
| **3. Replacement Reserve** | | |
| **4. Building Security** | | |
| **5. Electricity, Gas, and Water** | | |
| **6. Furniture** | | |
| **7. Equipment (lease, buy)** | | |
| **Total Annual Assistance Requested** | | $1,000 |

| | | |
|---|---|---|
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $1,000 |

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

**Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.**

# 7H. Sources of Match/Leverage

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

## Summary for Match

| | |
|---|---|
| **Total Value of Cash Commitments:** | $21,845 |
| **Total Value of In-Kind Commitments:** | $0 |
| **Total Value of All Commitments:** | $21,845 |

## Summary for Leverage

| | |
|---|---|
| **Total Value of Cash Commitments:** | $27,400 |
| **Total Value of In-Kind Commitments:** | $12,650 |
| **Total Value of All Commitments:** | $40,050 |

| Match/ Leverage | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|---|---|---|---|---|---|
| Match | Cash | Private | Interfaith Reside... | 11/02/2015 | $21,845 |
| Leverage | Cash | Private | Interfaith Reside... | 11/02/2015 | $27,400 |
| Leverage | In-Kind | Private | Washington Univ. ... | 11/02/2015 | $8,640 |
| Leverage | In-Kind | Private | Children's Hospit... | 11/02/2015 | $3,240 |
| Leverage | In-Kind | Private | Nextgen RCM Servi... | 11/05/2015 | $770 |

# Sources of Match/Leverage Detail

## Instructions:

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **1. Will this commitment be used towards Match or Leverage?** | Match |
| **2. Type of Commitment:** | Cash |
| **3. Type of Source:** | Private |
| **4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** | Interfaith Residence d/b/a Doorways |
| **5. Date of Written Commitment:** | 11/02/2015 |
| **6. Value of Written Commitment:** | $21,845 |

# Sources of Match/Leverage Detail

## Instructions:

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **1. Will this commitment be used towards Match or Leverage?** | Leverage |
| **2. Type of Commitment:** | Cash |
| **3. Type of Source:** | Private |
| **4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** | Interfaith Residence d/b/a Doorways |
| **5. Date of Written Commitment:** | 11/02/2015 |
| **6. Value of Written Commitment:** | $27,400 |

# Sources of Match/Leverage Detail

## Instructions:

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **1. Will this commitment be used towards Match or Leverage?** | Leverage |
| **2. Type of Commitment:** | In-Kind |
| **3. Type of Source:** | Private |
| **4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** | Washington Univ. Project ARK case management |
| **5. Date of Written Commitment:** | 11/02/2015 |
| **6. Value of Written Commitment:** | $8,640 |

# Sources of Match/Leverage Detail

## Instructions:

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **1. Will this commitment be used towards Match or Leverage?** | Leverage |
| **2. Type of Commitment:** | In-Kind |
| **3. Type of Source:** | Private |
| **4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** | Children's Hospital: case management |
| **5. Date of Written Commitment:** | 11/02/2015 |
| **6. Value of Written Commitment:** | $3,240 |

# Sources of Match/Leverage Detail

## Instructions:

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **1. Will this commitment be used towards Match or Leverage?** | Leverage |
| **2. Type of Commitment:** | In-Kind |
| **3. Type of Source:** | Private |
| **4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** | Nextgen RCM Services d/b/a/ HSI |
| **5. Date of Written Commitment:** | 11/05/2015 |
| **6. Value of Written Commitment:** | $770 |

# 7I. Summary Budget

## Instructions:

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

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

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

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

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

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

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

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

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

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

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|---|---|
| **1a. Leased Units** | $154,414 |
| **1b. Leased Structures** | $0 |
| **2. Rental Assistance** | $0 |

| | |
|---|---|
| **3. Supportive Services** | $70,312 |
| **4. Operating** | $1,000 |
| **5. HMIS** | $0 |
| **6. Sub-total Costs Requested** | $225,726 |
| **7. Admin (Up to 10%)** | $15,262 |
| **8. Total Assistance plus Admin Requested** | $240,988 |
| **9. Cash Match** | $21,845 |
| **10. In-Kind Match** | $0 |
| **11. Total Match** | $21,845 |
| **12. Total Budget** | $262,833 |

# 8A. Attachment(s)

## Instructions:

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

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

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

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

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

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

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 1) Subrecipient Nonprofit Documentation | No | Interfaith Reside... | 12/19/2013 |
| 2) Other Attachment | No | Doorways Jumpstar... | 11/13/2015 |
| 3) Other Attachment | No | Doorways Jumpstar... | 11/13/2015 |

# Attachment Details

**Document Description:** Interfaith Residence 501(c)(3)

# Attachment Details

**Document Description:** Doorways Jumpstart Match and Leverage

# Attachment Details

**Document Description:** Doorways Jumpstart Forms

# 8B. Certification

## A. For all projects:

## Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

### Additional for Rental Assistance Projects:

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

### B. For non-Rental Assistance Projects Only.

### 20-Year Operation Rule.

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

### 1-Year Operation Rule.

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

### C. Explanation.

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

**Name of Authorized Certifying Official** Francis Slay

**Date:** 11/13/2015

**Title:** Mayor

**Applicant Organization:** City of St. Louis

**PHA Number (For PHA Applicants Only):**

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

# 9B Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Application Type** | 10/07/2015 |
| **1B. Legal Applicant** | No Input Required |
| **1C. Application Details** | No Input Required |
| **1D. Congressional District(s)** | 11/11/2015 |
| **1E. Compliance** | 10/07/2015 |
| **1F. Declaration** | 10/07/2015 |
| **2A. Subrecipients** | 11/03/2015 |
| **2B. Recipient Performance** | 11/03/2015 |
| **3A. Project Detail** | 11/03/2015 |
| **3B. Description** | 11/11/2015 |
| **4A. Services** | 11/11/2015 |
| **4B. Housing Type** | 11/11/2015 |
| **5A. Households** | 11/04/2015 |
| **5B. Subpopulations** | 11/04/2015 |
| **5C. Outreach** | 10/07/2015 |
| **6A. Standard** | 10/07/2015 |
| **6B. Additional Performance Measures** | 10/07/2015 |
| **7A. Funding Request** | 11/11/2015 |
| **7B. Leased Units** | 11/04/2015 |
| **7E. Supp. Srvcs. Budget** | 11/10/2015 |
| **7F. Operating** | 11/10/2015 |
| **7H. Match/Leverage** | 11/06/2015 |
| **7I. Summary Budget** | No Input Required |
| **8A. Attachment(s)** | 11/13/2015 |
| **8B. Certification** | 10/29/2015 |

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: May 23, 2000

Person to Contact:
Mary Freudenberg #31-03512
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
43-1484279

Interfaith Residence
D.B.A. Doorways
4385 Maryland Avenue
St. Louis, MO 63108-2703

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter, reflecting your organization's new address. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1988 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Interfaith Residence
D.B.A. Doorways
43-1484279

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts
Director, TE/GE CAS

DOORWAYS
HOUSING • HEALTH • HOPE

Opal M. Jones
President and CEO

Board of Directors

Diane Gershman Levine, MA LPC LCSW
Chairperson

Jay Moore, MD
1st Vice Chairperson

John H. Russell
2nd Vice Chairperson

Steven Bott
Treasurer

Clayton Evans
Secretary

Donald Eakins
Ed Giganti
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Jay Joern, DDS
The Rev. Mark Kozielec
Bruce A. Kraemer, MD
Marjorie L. Melton
The Rev. Dr. Jeff Moore
Samuel Murphey
Sean Muthian
Margaret Bain Onken
Christine Pennell
Keith Price
January Realista
Mary Schoolman
Fr. Carl Scheble
Rabbi Dale Schreiber
The Rev. Dr. Robert Scott
The Rev. John Vien
Devon Wallace
Al Wiman
The Rev. Nate Wolff

November 2, 2015

Mr. Eddie Roth
Director-Homeless Services
City of St. Louis Department of Human Services
1520 Market Street, Ste. 4062
St. Louis, MO 63103

RE: Doorways' Jumpstart CoC 2015 Renewal Application

Dear Mr. Roth:

Interfaith Residence d/b/a DOORWAYS will make available from its own reserve funds to be used as a cash match for the Jumpstart budget.

$21,845 to be used as a cash match, and
$27,400 to be used as cash leverage.

All funds will be available on November 1, 2016 for use during the 12-month period of November 1, 2016 through October 31, 2017.

Sincerely,

Opal M. Jones
President and Chief Executive Officer

4835 Maryland Avenue
St. Louis, MO 63108
314-535-1919
Fax: 314-535-0909

www.doorwayshousing.org

DOORWAYS
HOUSING • HEALTH • HOPE

Opal M. Jones
President and CEO

Board of Directors

Diane Gershman Levine, MA LPC LCSW
Chairperson

Jay Moore, MD
1st Vice Chairperson

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Samuel Murphey
Sean Muthian
Margaret Bain Onken
Christine Pennell
Keith Price
January Reallsta
Mary Schoolman
Fr. Carl Scheble
Rabbi Dale Schreiber
The Rev. Dr. Robert Scott
The Rev. John Vien
Devon Wallace
Al Wiman
The Rev. Nate Wolff

November 2, 2015

Mr. Eddie Roth
Director-Homeless Services
City of St. Louis Department of Human Services
1520 Market Street, Ste. 4062
St. Louis, MO 63103

RE: Doorways' **Jumpstart** CoC 2015 Renewal Application

Dear Mr. Roth:

Interfaith Residence d/b/a DOORWAYS will make available from its own reserve funds to be used as a cash match for the Jumpstart budget.

$21,845 to be used as a cash match, and
$27,400 to be used as cash leverage.

All funds will be available on November 1, 2016 for use during the 12-month period of November 1, 2016 through October 31, 2017.

Sincerely,

Opal M. Jones
President and Chief Executive Officer

4835 Maryland Avenue
St. Louis, MO 63108
314-535-1919
Fax: 314-535-0909

www.doorwayshousing.org

November 05, 2015

Mr. Eddie Roth
Director-Homeless Services
City of St. Louis Department of Human Services
1520 Market Street, Ste. 4062
St. Louis, MO 63103

RE: Doorways' Continuum of Care Projects

Dear Mr. Roth,

Nextgen RCM Services d/b/a HSI owns and manages the SCOUT data application used by DOORWAYS to collect demographic information on clients, track award payments and report on services rendered and resource identification.

Doorways' continued use of this database for its clients served by these programs during the future operating year indicated will have the estimated value indicated in the following table:

| Doorways' Program Name | Number of Doorways' Clients Served --by Program | Value of Services to be Provided in future Operating Year |
|---|---|---|
| DELMAR | 14 clients | $ 490 during operating year October 1, 2016-September 30, 2017 |
| JUMPSTART | 22 clients | $ 770 during operating year November 1, 2016 – October 31, 2017 |
| MARYLAND | 50 clients | $ 1,750 during operating year January 1, 2017- December 31, 2017 |

Sincerely,

Meg Ebersoldt
Care Services Program Director
Nextgen RCM Services

November 05, 2015

Mr. Eddie Roth
Director-Homeless Services
City of St. Louis Department of Human Services
1520 Market Street, Ste. 4062
St. Louis, MO 63103

RE: Doorways' Continuum of Care Projects

Dear Mr. Roth,

This letter is in support of DOORWAYS' Maryland program, which provides permanent supportive housing and supportive services to homeless persons disabled by HIV/AIDS. As support for Doorways' applications to the City of St. Louis Continuum of Care (CoC) for future funding of these programs, we have been asked to provide information on the number of clients participating in the Maryland program, as well as a statement that we will continue to provide these services for an upcoming grant year, and what the value of such services would be.

Nextgen RCM Services LLC d/b/a HSI provides funds for outpatient ambulatory care, dental care, and prescription care for 86 clients annually who are provided housing assistance, supportive services and resource identification by this DOORWAYS-sponsored program.

For the period of January 1, 2017 through December 31, 2017, our organization will continue to provide these services, which are valued at $197,370.

Sincerely,

Meg Ebersoldt
Care Services Program Director
Nextgen RCM Services

Saint Louis Effort for AIDS
education, testing and support for life
1520 Market St. 4062
St. Louis, Missouri 63103
P: 314.533.0135
F: 314.241.1667
email: info@sleffa.org
www.sleffa.org

Proud member of United Way of Greater St. Louis

November 6, 2015

Mr. Eddie Roth
Director-Homeless Services
City of St. Louis Department of Human Services
1520 Market Street, Ste. 4062
St. Louis, MO 63103

RE: Doorways' Continuum of Care Projects

Dear Mr. Roth,

This letter is in support of the DOORWAYS' programs noted below, which provide permanent supportive housing, supportive services and resource identification to homeless persons disabled by HIV/AIDS. As support for Doorways' applications to the City of St. Louis Continuum of Care (CoC) for future funding of these programs, we have been asked to provide information on the number of clients participating in each of these programs for whom we provide services, as well as a statement that we will continue to provide these services for an upcoming grant year, and what the value of such services would be.

St. Louis Effort for AIDS provides various services to clients of these programs including medical case management and treatment adherence; and it will continue to provide these services to Doorways' clients in the future operating period for applicable programs, assuming an average of 16 hours of assistance per individual at our normal rate of $22 per hour) with the estimated aggregate value indicated in the following table:

| Doorways' CoC Program Name | Number of Doorways' Clients Served –by Program | Value of Services to be Provided in future Operating Year |
|---|---|---|
| DELMAR | 5 clients | $ 3,158 during operating year October 1, 2016-September 30, 2017 |
| JUMPSTART | 1 client | $ 631 during operating year November 1, 2016 – October 31, 2017 |
| MARYLAND | 16 clients | $ 10,107 during operating year January 1, 2017- December 31, 2017 |

Sincerely,

Cheryl Olive

Cheryl Olive
Executive Director

# Washington University in St. Louis

## SCHOOL OF MEDICINE

November 2, 2015

Mr. Eddie Roth
Director-Homeless Services
City of St. Louis Department of Human Services
1520 Market Street, Ste. 4062
St. Louis, MO 63103

RE: DOORWAYS' Continuum of Care Projects

Dear Mr. Roth,

This letter is in support of the DOORWAYS programs noted below, which provide permanent supportive housing, supportive services and resource identification to homeless persons disabled by HIV/AIDS. As support for DOORWAYS' applications to the City of St. Louis Continuum of Care (CoC) for future funding of these programs, we have been asked to provide information on the number of clients participating in each of these programs for whom we provide services, as well as a statement that we will continue to provide these services for an upcoming grant year, and what the value of such services would be.

**Washington University through its Infectious Diseases Clinic (WU ID), Project ARK and Health and Education for Youth and Young Adults (HEY),** as well as **St. Louis Children's Hospital**, provides various services to clients of these programs including medical case management and treatment adherence. In addition, WU ID provides psychotherapy services to certain clients. Washington University will continue to provide these services to DOORWAYS' clients in the future operating period for applicable programs, with the estimated value indicated in the following table:

| DOORWAYS' CoC Program Name | Number of DOORWAYS' Clients Served --by Program | Value of Services to be Provided in future Operating Year |
|---|---|---|
| MARYLAND | 14 clients-**ARK**- case management | $ 15,120 during operating year January 1, 2017- December 31, 2017 |
| | 4 clients-**Psychotherapy** | $ 3,000 during operating year January 1, 2017- December 31, 2017 |
| DELMAR | 2 clients-**ARK**- case management | $ 2,160 during operating year October 1, 2016-September 30, 2017 |
| | 1 client – **Children's Hospital** -case management | $ 1,080 during operating year October 1, 2016-September 30, 2017 |

| | | |
|---|---|---|
| JUMPSTART | 8 clients- **ARK** case management | $ 8,640 during operating year November 1, 2016 – October 31, 2017 |
| | 3 clients – **Children's Hospital** -case management | $ 3,240 during operating year November 1, 2016 – October 31, 2017 |

The clients shared between DOORWAYS and WU ID Clinic, Project ARK, HEY, and St. Louis Children's Hospital benefit greatly from the range of housing services and support that DOORWAYS provides. We value very much our collaborative relationship with DOORWAYS and look forward to continuing our work together on behalf of the vulnerable clients we serve.

Sincerely,

Kim Donica, LCSW
Program Director, Project ARK/The SPOT
Washington University School of Medicine

Tawnya Brown, MSW
HIV Program Director, WU ID Clinic
Washington University School of Medicine

# Applicant/Recipient Disclosure/Update Report

**U.S. Department of Housing and Urban Development**

OMB Approval No. 2510-0011 (exp. 11/30/2018)

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

## Applicant/Recipient Information

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

| 1. Applicant/Recipient Name, Address, and Phone (include area code): | 2. Social Security Number or Employer ID Number: |
|---|---|
| City of St. Louis 1520 Market Suite 4065 St. Louis MO, 63103 (314) 612-5900 | 436003231 |
| **3. HUD Program Name** | **4. Amount of HUD Assistance Requested/Received** |
| HUD COC Homeless Assistance Competition | $240,988 |

5. State the name and location (street address, City and State) of the project or activity:
Doorways Jumpstart 4385 Maryland Avenue St. Louis MO, 63108-2703

## Part I Threshold Determinations

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

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

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

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

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

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

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation in Project/Activity | Financial Interest in Project/Activity ($ and %) |
|---|---|---|---|
| N/A | | | |

(Note: Use Additional pages if necessary.)

## Certification

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

| Signature: | Date: (mm/dd/yyyy) |
|---|---|
| x Francis R. Slay | 11/12/2015 |

OMB Number: 4040-0004
Expiration Date: 8/31/2016

## Application for Federal Assistance SF-424

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☒ New | |
| ☒ Application | ☐ Continuation | * Other (Specify): |
| ☐ Changed/Corrected Application | ☐ Revision | |

| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| | |

| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: |
|---|---|
| | |

**State Use Only:**

| 6. Date Received by State: | 7. State Application Identifier: |
|---|---|
| | |

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of St. Louis

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 43-6003231 | 6206802230000 |

**d. Address:**

| | |
|---|---|
| * Street1: | 1520 Market |
| Street2: | Suite 4065 |
| * City: | St. Louis |
| County/Parish: | |
| * State: | MO: Missouri |
| Province: | |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 63103 |

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| | |

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

| | | | |
|---|---|---|---|
| Prefix: | | * First Name: | Eddie |
| Middle Name: | | | |
| * Last Name: | Roth | | |
| Suffix: | | | |

Title:

Organizational Affiliation:

| * Telephone Number: | (314) 657-1650 | Fax Number: | |
|---|---|---|---|

* Email: rothe@stlouis-mo.gov

## Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

*** Other (specify):**

*** 10. Name of Federal Agency:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

*** 12. Funding Opportunity Number:**

FR-5900-N-25

*** Title:**

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Continuum of Care Homeless Assistance Competition FY 2015 City of St. Louis

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

## Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

* a. Applicant: MO-001
* b. Program/Project: MO-001

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 01/01/2016
* b. End Date: 12/31/2016

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | |
| * b. Applicant | |
| * c. State | |
| * d. Local | |
| * e. Other | |
| * f. Program Income | |
| * g. TOTAL | |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____.

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

**21. *By signing 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

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: 

* First Name: Francis

Middle Name: G.

* Last Name: Slay

Suffix: 

* Title: Mayor

* Telephone Number: (314) 622-3201

Fax Number: slayf@stlouis-mo.gov

* Email: slayf@stlouis-mo.gov

* Signature of Authorized Representative: Francis G. Slay

* Date Signed: 11-12-15

# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 2/28/2009

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** City of St. Louis

**Applicant's DUNS Number:** 620680223

**Grant Name:** FY 2015 Continuum of Care **CFDA Number:** 14.267

1. Does the applicant have 501(c)(3) status?

   ☐ Yes ☑ No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*

   ☐ 3 or Fewer ☐ 15-50
   ☐ 4-5 ☐ 51-100
   ☐ 6-14 ☑ over 100

3. What is the size of the applicant's annual budget? *(Check only one box.)*

   ☐ Less Than $150,000
   ☐ $150,000 - $299,999
   ☐ $300,000 - $499,999
   ☐ $500,000 - $999,999
   ☐ $1,000,000 - $4,999,999
   ☑ $5,000,000 or more

4. Is the applicant a faith-based/religious organization?

   ☐ Yes ☑ No

5. Is the applicant a non-religious community-based organization?

   ☐ Yes ☑ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

   ☑ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local )?

   ☑ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

   ☐ Yes ☑ No

## Survey Instructions on Ensuring Equal Opportunity for Applicants

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

3. Annual budget means the amount of money your organization spends each year on all of its activities.

4. Self-identify.

5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.

7. Self-explanatory.

8. Self-explanatory.

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Housing and Urban Development, Office of Departmental Grants Management and Oversight, Room 3156, Washington, D.C. 20410.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to the address above.**

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: City of St. Louis

Project Name: See attached list

Location of the Project: Scattered sites in St. Louis

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: City of St. Louis

Certifying Official of the Jurisdiction Name: Francis G. Slay

Title: Mayor

Signature: Francis G. Slay

Date: November 12, 2015



form HUD-2991 (3/98)

**FY2015 Continuum of Care**
**City of St. Louis Consolidated Plan Certification**

**Project Names List**

| Project Name | Applicant Organization |
|---|---|
| CoC Planning | City of St. Louis |
| Covenant House Transitional Housing Program | City of St. Louis |
| Depaul USA Project MORE | City of St. Louis |
| Depaul USA Project PLUS | City of St. Louis |
| Doorways Delmar | City of St. Louis |
| Doorways Jumpstart | City of St. Louis |
| Doorways Maryland | City of St. Louis |
| Employment Connections Project Homecoming | City of St. Louis |
| Gateway 180 Rapid Rehousing | City of St. Louis |
| HMIS Lead Services ICA | City of St. Louis |
| Humanitri Transitional Housing Program | City of St. Louis |
| Places for People Housing for the Future of Families | City of St. Louis |
| Queen of Peace St. Philippine Home | City of St. Louis |
| St. Louis Transitional Hope House Program | City of St. Louis |
| St. Patrick Center Employment Program | City of St. Louis |
| St. Patrick Center Project Protect Housing | City of St. Louis |
| St. Patrick Center Rosati House | City of St. Louis |
| St. Patrick Permanent Supportive Housing Program | City of St. Louis |
| St. Patrick Rapid ReHousing Program | City of St. Louis |
| The Bridge Outreach: Coordinated Entry | City of St. Louis |
| YWCA Phyllis Wheatley Transitional Housing Program | City of St. Louis |
| 2015 SCL (STL City Shelter Plus Care Renewal QoP TRA) | Missouri Department of Mental Health |
| 2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70) | Missouri Department of Mental Health |
| 2015 SCS (STL City Shelter Plus Care Renewal QoP SRA) | Missouri Department of Mental Health |
| 2015 SCY (STL City Shelter Plus Care Renewal SPC) | Missouri Department of Mental Health |
| 2015 SZB (STL City Shelter Plus Care Renewal Chronic-43) | Missouri Department of Mental Health |
| 2015 SZC (STL City Shelter Plus Care Renewal QoP Families) | Missouri Department of Mental Health |

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

City of St. Louis

Program/Activity Receiving Federal Grant Funding

Department of Homeless Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

See Attached List

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| Name of Authorized Official | Title |
|---|---|
| Francis G. Slay | Mayor |
| Signature<br>X Francis G. Slay | Date<br>November 12, 2015 |

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

**FY2015 Continuum of Care**

**City of St. Louis Drug Free Workplace Sites**

| Applicant Organization | Project Name | Address |
|---|---|---|
| City of St. Louis | CoC Planning | 1520 Market Suite 4065 St. Louis MO, 63103 |
| City of St. Louis | Covenant House Transitional Housing Program | 2727 North Kings Highway St. Louis MO 63113 |
| City of St. Louis | Depaul USA Project MORE | 2904 Arsenal St. Louis MO 63118 |
| City of St. Louis | Depaul USA Project PLUS | 2904 Arsenal St. Louis MO 63118 |
| City of St. Louis | Doorways Delmar | 4385 Maryland Avenue St. Louis MO, 63108-2703 |
| City of St. Louis | Doorways Jumpstart | 4385 Maryland Avenue St. Louis MO, 63108-2703 |
| City of St. Louis | Doorways Maryland | 4385 Maryland Avenue St. Louis MO, 63108-2703 |
| City of St. Louis | Employment Connections Project Homecoming | 2838 Market Street St. Louis MO 63103 |
| City of St. Louis | Gateway 180 Rapid Rehousing | 1000 North 19th Street St. Louis MO 63106 |
| City of St. Louis | HMIS Lead Services ICA | 1111 9th Street Suite 245 Des Moines Iowa 50314 |
| City of St. Louis | Humanitri Transitional Housing Program | 1447 East Grand Avenue St. Louis MO 63107 |
| City of St. Louis | Places for People Housing for the Future of Families | 4130 Lindell St. Louis MO 63108 |
| City of St. Louis | Queen of Peace St. Philippine Home | 325 North Newstead Ave St. Louis MO 63108 |
| City of St. Louis | St. Louis Transitional Hope House Program | 1611 Hodiamont Avenue St. Louis MO 63112 |
| City of St. Louis | St. Patrick Center Employment Program | 800 N Tucker Blvd St. Louis MO 63101 |
| City of St. Louis | St. Patrick Center Project Protect Housing | 800 N Tucker Blvd St. Louis MO 63101 |
| City of St. Louis | St. Patrick Center Rosati House | 800 N Tucker Blvd St. Louis MO 63101 |
| City of St. Louis | St. Patrick Permanent Supportive Housing Program | 800 N Tucker Blvd St. Louis MO 63101 |
| City of St. Louis | St. Patrick Rapid ReHousing Program | 800 N Tucker Blvd St. Louis MO 63101 |
| City of St. Louis | The Bridge Outreach: Coordinated Entry | 1610 Olive St. Louis MO 63103 |
| City of St. Louis | YWCA Phyllis Wheatley Transitional Housing Program | 3820 West Pine Mall Blvd St. Louis MO 63108 |
| Missouri Department of Mental Health | 2015 SCL (STL City Shelter Plus Care Renewal QoP TRA) | 1706 E Elm Jefferson City MO 65102 |
| Missouri Department of Mental Health | 2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70) | 1706 E Elm Jefferson City MO 65102 |
| Missouri Department of Mental Health | 2015 SCS (STL City Shelter Plus Care Renewal QoP SRA) | 1706 E Elm Jefferson City MO 65102 |
| Missouri Department of Mental Health | 2015 SCY (STL City Shelter Plus Care Renewal SPC) | 1706 E Elm Jefferson City MO 65102 |
| Missouri Department of Mental Health | 2015 SZB (STL City Shelter Plus Care Renewal Chronic-43) | 1706 E Elm Jefferson City MO 65102 |
| Missouri Department of Mental Health | 2015 SZC (STL City Shelter Plus Care Renewal QoP Families) | 1706 E Elm Jefferson City MO 65102 |

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

**1. Type of Federal Action:**
[b] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

**2. Status of Federal Action:**
[b] a. bid/offer/application
b. initial award
c. post-award

**3. Report Type:**
[a] a. initial filing
b. material change
**For Material Change Only:**
year _____ quarter _____
date of last report _____

**4. Name and Address of Reporting Entity:**
[x] Prime [ ] Subawardee
Tier _____, *if known*:

**Congressional District**, *if known*: MO-001

**5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:**
N/A

**Congressional District**, *if known*:

**6. Federal Department/Agency:**
HUD

**7. Federal Program Name/Description:**
CoC
CFDA Number, *if applicable*: 14.267

**8. Federal Action Number**, *if known*:
N/A

**9. Award Amount**, *if known*:
$

**10. a. Name and Address of Lobbying Registrant**
(*if individual, last name, first name, MI*):
N/A

**b. Individuals Performing Services** (*including address if different from No. 10a*)
(*last name, first name, MI*):
N/A

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

Signature: Francis G. Slay
Print Name: Francis G. Slay
Title: Mayor
Telephone No.: (314) 622-3201 Date: 11-12-15

**Federal Use Only:**

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

# INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**FY2015 Continuum of Care**
**City of St. Louis Disclosure of Lobbying Activities**

**Project Names List**

| Project Name | Applicant Organization |
|---|---|
| CoC Planning | City of St. Louis |
| Covenant House Transitional Housing Program | City of St. Louis |
| Depaul USA Project MORE | City of St. Louis |
| Depaul USA Project PLUS | City of St. Louis |
| Doorways Delmar | City of St. Louis |
| Doorways Jumpstart | City of St. Louis |
| Doorways Maryland | City of St. Louis |
| Employment Connections Project Homecoming | City of St. Louis |
| Gateway 180 Rapid Rehousing | City of St. Louis |
| HMIS Lead Services ICA | City of St. Louis |
| Humanitri Transitional Housing Program | City of St. Louis |
| Places for People Housing for the Future of Families | City of St. Louis |
| Queen of Peace St. Philippine Home | City of St. Louis |
| St. Louis Transitional Hope House Program | City of St. Louis |
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| 2015 SCY (STL City Shelter Plus Care Renewal SPC) | Missouri Department of Mental Health |
| 2015 SZB (STL City Shelter Plus Care Renewal Chronic-43) | Missouri Department of Mental Health |
| 2015 SZC (STL City Shelter Plus Care Renewal QoP Families) | Missouri Department of Mental Health |