# Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

# 1A. Application Type

## Instructions:

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

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

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

Applicant Identifier: Field intentionally left blank, cannot edit.

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

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

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

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

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

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

| | |
|---|---|
| **1. Type of Submission:** | Application |
| **2. Type of Application:** | Renewal Project Application |
| **If "Revision", select appropriate letter(s):** | |
| **If "Other", specify:** | |
| **3. Date Received:** | 09/07/2016 |
| **4. Applicant Identifier:** | |
| **5a. Federal Entity Identifier:** | |
| **5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).** | MO0012L7E011508 |
| **Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number** | X |
| **6. Date Received by State:** | |
| **7. State Application Identifier:** | |

# 1B. Legal Applicant

## Instructions:

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

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

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

**8. Applicant**

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

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

| | | | | |
|---|---|---|---|---|
| | **c. Organizational DUNS:** | 620680223 | **PLUS 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 2016 Renewal Costs Project Application” from the left-menu bar.

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

| | |
|---|---|
| **9. Type of Applicant:** | 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-6000-N-25 |
| **Title:** | Continuum of Care Homeless Assistance Competition |
| **13. Competition Identification Number:** | |
| **Title:** | |

# 1D. Congressional District(s)

### Instructions:

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

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

Congressional District(s):

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

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

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

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

**15. Descriptive Title of Applicant's Project:** Employment Connections Project Homecoming

**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-002

**17. Proposed Project**

**a. Start Date:** 10/01/2017

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

**18. Estimated Funding ($)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

# 1E. Compliance

### Instructions:

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

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

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

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

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

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

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

# 1F. Declaration

## Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

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

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

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

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

**I AGREE:** X

### 21. Authorized Representative

| | |
|---|---|
| **Prefix:** | 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:** 09/07/2016

# 2A. Project Subrecipients

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

**Total Expected Sub-Awards:** $181,500

| Organization | Type | Sub-Award Amount |
|---|---|---|
| Employment Connection | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) | $181,500 |

# 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:** Employment Connection

**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:** 43-1106386

| | | | | |
|---|---|---|---|---|
| | *** d. Organizational DUNS:** | 085901866 | **PLUS 4** | |

**e. Physical Address**

**Street 1:** 2838 Market Street

**Street 2:**

**City:** St. Louis

**State:** Missouri

**Zip Code:** 63103

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

**g. Is the subrecipient a Faith-Based Organization?** No

**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:** $181,500

**j. Contact Person**

**Prefix:** Mr.

**First Name:** David

**Middle Name:**

**Last Name:** Kessel

**Suffix:**

**Title:** Chief Operating Officer

**E-mail Address:** davidkessel@employmentstl.org

**Confirm E-mail Address:** davidkessel@employmentstl.org

**Phone Number:** 314-333-5633

**Extension:**

**Fax Number:** 314-333-3633

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

# 2B. Recipient Performance

## Instructions:

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

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

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

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

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

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

| | |
|---|---|
| **1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** | Yes |
| **2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** | No |
| **3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** | Yes |
| **4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** | 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 Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

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

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

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

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

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

**1. Expiring Grant Number:** MO0012L7E011508

(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:** Employment Connections Project Homecoming

**4. Project Status:** Standard

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

# 3B. Project Description

## Instructions:

ALL PROJECTS

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

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

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

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

PH AND TH PROJECTS ONLY:

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

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

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

FOR SSO PROJECTS ONLY

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

FOR SSO COORDINATED ENTRY PROJECTS ONLY

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

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

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

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

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

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

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

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

Veterans continue to be over-represented in the homeless population across the nation, and the need continues in the City of St. Louis. Employment Connection's Project Homecoming provides permanent supportive housing to homeless, disabled veterans in the City of St. Louis. This program assists 15 homeless veterans and their families into scattered-site permanent supportive housing and provides additional support and case management, allowing them to live a more stable, safe, and happy life. Project Homecoming can be accessed by any veteran and their families in Saint Louis who are experiencing homelessness including men, women, and children regardless of residential origin.
Through coordinated entry provided by the Front Door provider, Employment Connection (EC) will receive referrals of individuals who have been deemed approved via the VI-SPDAT. EC case managers will house participants rapidly in accordance with housing first regardless of barriers. Veterans who are literally homeless or who are potentially homeless will be provided housing first followed by additional services such as, but not limited to, assistance with mental illness, employment, and/or basic needs.
Once participants have adjusted to their new living environment, participants will have the opportunity to work with their case manager to develop an Individual Development Plan (IDP). The IDP is a step by step plan to address their

barriers to self-sufficiency, including education, physical and mental health, benefit eligibility, childcare needs, financial literacy, criminal history, legal barriers, domestic capabilities, transportation, and social supports. The plan allows participants to see a logical and achievable series of goals, beginning with permanent housing and resulting in self-sufficiency. At least twice per month contact with participants allows for an assessment of goals accomplishments, new needs, or assistance in fulfilling particularly difficult tasks. Contact includes at least one telephone call and one home visit per month.
The goal of Project Homecoming is to house and support 15 homeless veterans and their households, with the ultimate goal being to assist each participant in attaining a state of self-sufficiency. For the upcoming grant operating period, Project Homecoming seeks to help 80% of participants exit to permanent or positive destination. Additionally, 50% of households staying in the program are expected to increase their total income during the reporting period while 45% of households exiting the program are expected to increase their total income. Funding from the Continuum of Care program provides 90% of the central support for this innovative and impactful program. The majority of CoC funds are expended on the cost of providing the extensive services referenced above.

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

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

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

**Other:**

**3. Housing First**

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

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

| | |
|---|---|
| **Having too little or little income** | X |

| | |
|---|---|
| **Active or history of substance abuse** | X |
| **Having a criminal record with exceptions for state-mandated restrictions** | X |
| **History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)** | X |
| **None of the above** | |

### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

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

**4a. Does the project request costs under the rental assistance budget line item?** No

# 4A. Supportive Services for Participants

## Instructions:

ALL PROJECTS EXCEPT HMIS

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

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

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

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

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

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

| Supportive Services | | Provider | Frequency |
|---|---|---|---|
| **Assessment of Service Needs** | | Subrecipient | Monthly |
| **Assistance with Moving Costs** | | Subrecipient | As needed |
| **Case Management** | | Subrecipient | Weekly |
| **Child Care** | | | |
| **Education Services** | | Partner | Bi-weekly |

| | | |
|---|---|---|
| **Employment Assistance and Job Training** | Subrecipient | Bi-weekly |
| **Food** | | |
| **Housing Search and Counseling Services** | Subrecipient | Weekly |
| **Legal Services** | | |
| **Life Skills Training** | Subrecipient | Bi-weekly |
| **Mental Health Services** | Subrecipient | Bi-weekly |
| **Outpatient Health Services** | | |
| **Outreach Services** | | |
| **Substance Abuse Treatment Services** | | |
| **Transportation** | Subrecipient | As needed |
| **Utility Deposits** | Subrecipient | As needed |

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

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

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

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

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

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

# 4B. Housing Type and Location

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

**Total Units:** 15
**Total Beds:** 22
**Total Dedicated CH Beds:** 6
**Total Prioritized CH Beds:** 3

| Housing Type | Units | Beds | Dedicated CH Beds | Prioritized CH Beds |
|---|---|---|---|---|
| Scattered-site apartments (... | 15 | 22 | 6 | 3 |

# 4B. Housing Type and Location Detail

## Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

PH-PSH PROJECTS ONLY

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

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

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

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

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

**1. Housing Type:** 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:** 15

**b. Beds:** 22

**3. Beds for the Chronically Homeless**

| | |
|---|---|
| **a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?** | 6 |
| **b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated** | 16 |
| **c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?** | 3 |
| **d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?** | 3 |

**4. Address:**

**Street 1:** 2838 Market Street

**Street 2:**

**City:** St. Louis

**State:** Missouri

**ZIP Code:** 63103

**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** | 2 | 13 | 0 | 15 |

| **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** | 2 | 15 | | 17 |
| **Adults ages 18-24** | 0 | 1 | | 1 |
| **Accompanied Children under age 18** | 3 | | 0 | 3 |
| **Unaccompanied Children under age 18** | | | 0 | 0 |
| **Total Persons** | 5 | 16 | 0 | 21 |

**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 | 2 | 0 | 0 | 0 | 0 | | 0 | 0 |
| **Adults ages 18-24** | | 0 | | | | | | | 0 | 0 |
| **Children under age 18** | 0 | | | | 0 | 1 | 0 | 0 | 0 | 2 |
| **Total Persons** | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |

**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** | 1 | 5 | 6 | 3 | 0 | 6 | 0 | 1 | 0 | 2 |
| **Adults ages 18-24** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| **Total Persons** | 1 | 5 | 6 | 3 | 0 | 6 | 0 | 1 | 0 | 3 |

**Click Save to automatically calculate totals**

## Persons in Households with Only Children

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

### Describe the unlisted subpopulations referred to above:

The persons included in the unlisted populations above that are age 18 and older are spouses of the Head of Household or children over age 18, who are neither veterans or chronically homeless. Those under age 18 are children who are neither veterans or chronically homeless.

# 5C. Outreach for Participants

## Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

| | |
|---|---|
| **20%** | **Directly from the street or other locations not meant for human habitation.** |
| **80%** | **Directly from emergency shelters.** |
| **0%** | **Directly from safe havens.** |
| **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** |

# 6A. Funding Request

## Instructions:

ALL PROJECT APPLICATIONS

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

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

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

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

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

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

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

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

| | |
|---|---|
| **Leased Units** | X |
| **Leased Structures** | |
| **Supportive Services** | X |
| **Operations** | X |
| **HMIS** | |

# 6B. 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:** | $111,968 |
| **Grant Term:** | 1 Year |
| **Total Request for Grant Term:** | $111,968 |
| **Total Units:** | 15 |

| FMR Area | Total Units Requested | Total Annual Budget Requested | Total Budget Requested |
|---|---|---|---|
| IL - St. Louis, M... | 15 | $111,968 | $111,968 |

# Leased Units Budget Detail

## Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. 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 2016 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 2016 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 Bedroom | | |
| 1 Bedroom | 10 | |
| 2 Bedroom | 5 | |
| 3 Bedroom | | |
| 4 Bedroom | | |
| 5 Bedroom | | |
| 6 Bedroom | | |
| 7 Bedroom | | |
| 8 Bedroom | | |
| 9 Bedroom | | |

| | | |
|---|---|---|
| **Total Units and Annual Assistance Requested** | 15 | $111,968 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $111,968 |

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

# 6E. 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 2016 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** | 1 Housing Case Manager .810 FTE ($41,698 salary and fringe)1 Housing Manager 0.10 FTE ($63,494 salary and fringe)1COO .09 FTE($138,296 salary and fringe) | $49,674 |
| **4. Child Care** | | |
| **5. Education Services** | | |
| **6. Employment Assistance** | | |
| **7. Food** | | |
| **8. Housing/Counseling Services** | | |
| **9. Legal Services** | | |
| **10. Life Skills** | | |
| **11. Mental Health Services** | | |
| **12. Outpatient Health Services** | | |

| | | |
|---|---|---|
| **13. Outreach Services** | | |
| **14. Substance Abuse Treatment Services** | | |
| **15. Transportation** | Case Managers Local Travel (client visits & transportation)- 125 miles/wk @ $0.445/mile; 500 Bus Tickets for clients @ $3 each= $1500 | $3,814 |
| **16. Utility Deposits** | | |
| **17. Operating Costs** | | |
| **Total Annual Assistance Requested** | | $53,488 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $53,488 |

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

# 6F. 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 2016 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 FY2016 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 2016 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** | Equipment repair/maintenance, snow removal, landscaping, cleaning supplies, and contract cleaning | $500 |
| **2. Property Taxes and Insurance** | Insurance on leased scattered site units @65x15=$974 | $974 |
| **3. Replacement Reserve** | | |
| **4. Building Security** | | |
| **5. Electricity, Gas, and Water** | Electric, Gas, and Water | $300 |
| **6. Furniture** | Average of $450 per client for new units or replacement for furniture for current clients | $1,800 |
| **7. Equipment (lease, buy)** | | |
| **Total Annual Assistance Requested** | | $3,574 |

| | | |
|---|---|---|
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $3,574 |

**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.**

# 6H. Sources of Match

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

## Summary for Match

| | |
|---|---|
| **Total Value of Cash Commitments:** | $18,252 |
| **Total Value of In-Kind Commitments:** | $0 |
| **Total Value of All Commitments:** | $18,252 |

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|---|---|---|---|---|---|
| Yes | Cash | Private | Employment connec... | 08/22/2016 | $18,252 |

# Sources of Match Detail

## Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

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

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

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

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

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

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

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

| | |
|---|---|
| **1. Will this commitment be used towards Match?** | Yes |
| **2. Type of Commitment:** | 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)** | Employment connection |
| **5. Date of Written Commitment:** | 08/22/2016 |
| **6. Value of Written Commitment:** | $18,252 |

# 6I. Summary Budget

## Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

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

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

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

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

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

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

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

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|---|---|
| **1a. Leased Units** | $111,968 |
| **1b. Leased Structures** | $0 |
| **2. Rental Assistance** | $0 |

| | |
|---|---|
| **3. Supportive Services** | $53,488 |
| **4. Operating** | $3,574 |
| **5. HMIS** | $0 |
| **6. Sub-total Costs Requested** | $169,030 |
| **7. Admin (Up to 10%)** | $12,470 |
| **8. Total Assistance plus Admin Requested** | $181,500 |
| **9. Cash Match** | $18,252 |
| **10. In-Kind Match** | $0 |
| **11. Total Match** | $18,252 |
| **12. Total Budget** | $199,752 |

# 7A. Attachment(s)

## Instructions:

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

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

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

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

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

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

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 1) Subrecipient Nonprofit Documentation | No | 501c3 Letter | 10/20/2015 |
| 2) Other Attachment | No | Match Letter | 09/07/2016 |
| 3) Other Attachment | No | Required Forms Pa... | 09/07/2016 |

# Attachment Details

**Document Description:** 501c3 Letter

# Attachment Details

**Document Description:** Match Letter

# Attachment Details

**Document Description:** Required Forms Packet

# 7B. Certification

## A. For all projects:

## Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

### Additional for Rental Assistance Projects:

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

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

### 20-Year Operation Rule.

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

### 1-Year Operation Rule.

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

### C. Explanation.

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

| | |
|---|---|
| **Name of Authorized Certifying Official** | Francis Slay |
| **Date:** | 09/07/2016 |
| **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** | X |

**Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

# 8B Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Application Type** | 08/15/2016 |
| **1B. Legal Applicant** | No Input Required |
| **1C. Application Details** | No Input Required |
| **1D. Congressional District(s)** | 08/29/2016 |
| **1E. Compliance** | 08/15/2016 |
| **1F. Declaration** | 08/15/2016 |
| **2A. Subrecipients** | 08/29/2016 |

| | |
|---|---|
| **2B. Recipient Performance** | 08/15/2016 |
| **3A. Project Detail** | 08/29/2016 |
| **3B. Description** | 09/06/2016 |
| **4A. Services** | 08/15/2016 |
| **4B. Housing Type** | 08/15/2016 |
| **5A. Households** | 09/06/2016 |
| **5B. Subpopulations** | 08/15/2016 |
| **5C. Outreach** | 09/06/2016 |
| **6A. Funding Request** | 08/29/2016 |
| **6B. Leased Units** | 08/29/2016 |
| **6E. Supp. Srvcs. Budget** | 08/29/2016 |
| **6F. Operating** | 08/29/2016 |
| **6H. Match** | 08/30/2016 |
| **6I. Summary Budget** | No Input Required |
| **7A. Attachment(s)** | 09/07/2016 |
| **7B. Certification** | 08/29/2016 |

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248245444
Feb. 01, 2011 LTR 4168C E0
43-1106386 000000 00
00009565
BODC: TE

EMPLOYMENT CONNECTION
2838 MARKET ST
ST LOUIS MO 63103-2524

008128

Employer Identification Number: 43-1106386
Person to Contact: Ms K Griffith
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 21, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1977.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248245444
Feb. 01, 2011 LTR 4168C E0
43-1106386 000000 00
00009566

EMPLOYMENT CONNECTION
2838 MARKET ST
ST LOUIS MO 63103-2524

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

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

employment connection

empower. employ. inspire.

**Board of Directors**

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Ascension Health

**Vice President**
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Enterprise Leasing

Kem Mosley
Minority Contractor Initiative

Michael Novack
Kiosite

Melva Pete
Metro St. Louis

Ryan Rakestraw
Monsanto

Sharon Rosenberg, Esq.
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Lisa Shelley
Client Advocate

Nila Tuckson
St. Louis Convention and Visitor's Commission

Williams Watkins
Watkins Building Group

**Founding Members**
Charles Newman, Esq.
David Lander, Esq.

**Chief Executive Officer**
Brenda Mahr

August 25, 2016

RE: Employment Connection Project Homecoming – Match Commitment Letter for the 2016 St. Louis Continuum of Care, Employment Connection Project Homecoming Permanent Supportive Housing Renewal

Employment Connection commits to provide cash match in the amount of $18,252 over the proposed project period toward our Permanent Supportive Housing Program, Project Homecoming. Our contribution of cash will be available beginning 10/1/2017 through 9/30/2018 to coincide with Project Homecoming's contract year. Match funding will be used to contribute directly to the project for eligible project costs in accordance with U.S. Department of Housing and Urban Development guidelines.

The $18,252 in cash match will come from a combination of agency unrestricted cash funds which may include any or all of the following: Dollars raised via fundraising events; general donations from private individuals, organizations, and/or groups; or revenue generated by our social enterprise staffing agency, Managed Work Services of St. Louis.

Sincerely,

Brenda Mahr
Chief Executive Officer
Employment Connection

**Funded in part by:**

Proud member of United Way
United Way of Greater St. Louis

MHB Saint Louis Mental Health Board

Missouri Foundation for Health

Wise Giving Alliance Standards
stlouis.bbb.org

**Our Mission:**

"To assist individuals with limited opportunities to self-sufficiency"

2838 Market Street St. Louis, MO 63103 • (314) 333-JOBS (5627) • www.EmploymentSTL.org

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: | 63103-2613 |

**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: Director of Human Services

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-6000-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 2016 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: 01/01/2017 * b. End Date: 12/31/2017

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

| | |
|---|---|
| * a. Federal | 11,922,544.00 |
| * b. Applicant | |
| * c. State | |
| * d. Local | |
| * e. Other | |
| * f. Program Income | |
| * g. TOTAL | 11,922,544.00 |

*** 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:

* Email: slayf@stlouis-mo.gov

* Signature of Authorized Representative: Francis G. Slay * Date Signed: 9-07-2016

Francis G. Slay

9-07-2016

# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 02/28/09

**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

**Federal Program:** FY2016 Continuum of Care **CFDA Number:** 14.267

1. Has the applicant ever received a grant or contract from the Federal government?

   [X] Yes [ ] No

2. Is the applicant a faith-based organization?

   [ ] Yes [X] No

3. Is the applicant a secular organization?

   [X] Yes [ ] No

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

   [ ] Yes [X] No

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

   [ ] Yes [X] No

6. 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 [X] over 100

7. 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
   [X] $5,000,000 or more

# Applicant/Recipient Disclosure/Update Report

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

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

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

## Applicant/Recipient Information

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

1. Applicant/Recipient Name, Address, and Phone (include area code):
City of St. Louis, 1520 Market Street, Suite 2065, St. Louis, MO 63103, (314) 657-1650

2. Social Security Number or Employer ID Number:
43-6003231

3. HUD Program Name
2016 HUD Continuum of Care Program

4. Amount of HUD Assistance Requested/Received
$11,922,544

5. State the name and location (street address, City and State) of the project or activity:
See attached Project List and Address for HUD-2880

## 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 |
|---|---|---|---|
| See attached disclosure for Part II | | | |
| | | | |

(**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: x Francis Slay

Date: (mm/dd/yyyy) September 7, 2016

**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note**: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

A. Coverage. You must complete this report if:
   (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;
   (2) You are updating a prior report as discussed below; or
   (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. **Update reports (filed by "Recipients" of HUD Assistance): General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

**Applicant/Recipient Information.**
All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

**Part I. Threshold Determinations - Applicants Only**

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to ***either*** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

**Part II. Other Government Assistance and Expected Sources and Uses of Funds.**

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

   Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

   The following information must be provided:

   1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
   2. State the type of other government assistance (e.g., loan, grant, loan insurance).
   3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
   4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

**Part III. Interested Parties.**

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).
   **Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

**Notes:**

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

**FY2016 Continuum of Care**
**Project List and Address for HUD-2880**

| Applicant Organization | Project Name | Address |
|---|---|---|
| City of St. Louis | MO-501 CoC Planning Application FY2016 | 1520 Market Suite 4065 St. Louis MO 63103 |
| City of St. Louis | Covenant House Transitional Housing Program | 2727 N Kingshighway St. Louis MO 63113 |
| City of St. Louis | Depaul USA St.Lazare House | 2904 Arsenal St. Louis MO 63118 |
| 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 St. Louis MO 63108 |
| City of St. Louis | Doorways Jumpstart | 4385 Maryland St. Louis MO 63108 |
| City of St. Louis | Doorways Maryland | 4385 Maryland St. Louis MO 63108 |
| City of St. Louis | Employment Connections Project Homecoming | 2838 Market St Louis MO 63103 |
| City of St. Louis | Gateway 180 Rapid Rehousing | 1000 N 19th St. Louis MO 63106 |
| City of St. Louis | HMIS Lead Services ICA | 910 N 11th Ste 310 St. Louis MO 63101 |
| City of St. Louis | Hope House PSH | 1611 Hodiamont St. Louis MO 63112 |
| City of St. Louis | Humanitri PSH | 1447 E Grand St. Louis MO 63107 |
| City of St. Louis | Humanitri RRH | 1447 E Grand 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 PSH | 325 N Newstead St. Louis MO 63108 |
| City of St. Louis | St. Patrick Center Coordinated Entry | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Center Project Protect Housing | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Center Rosati House | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Permanent Supportive Housing | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Rapid Rehousing | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | YWCA PSH | 3820 West Pine St. Louis MO 63108 |
| Missouri Department of Mental Health | 2016 SCL (Shelter Plus Care STL City - QoP TRA) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SCQ (Shelter Plus Care STL City - Chronic-70) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SCS (Shelter Plus Care STL City - QoP SRA) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SCY (Shelter Plus Care STL City - SPC) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SZB (Shelter Plus Care STL City - Chronic-43) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SZC (Shelter Plus Care STL City QoP Families) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SZS (Shelter Plus Care Beach Project) | 1706 E Elm Jefferson City MO 65101 |

| | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| 1 | FY2016 Continuum of Care | | | | | | | |
| 2 | City of St. Louis Form 2880 Applicant Disclosure See Attached Part II | | | | | | | |
| 3 | | | | | | | | |
| 4 | Project Names List | | | | HUD-2880 Part II Detail | | | |
| 5 | | | | | | | | |
| 6 | **Project Name** | **Applicant Organization** | | **Source Type** | **Source Name & Address** | **Type of Assistance** | **Amount** | **Expected Use** |
| 7 | | | | | | | | |
| 8 | MO-501 CoC Planning Application FY2016 | City of St. Louis | | Government | City of St. Louis, 1520 Market St., St. Louis, MO 63103 | In-kind | $38,961.00 | Match |
| 9 | | | | Non-Government | United Way of Greater St. Louis, 910 N. 11th St. St. Louis, MO 63101. | In-kind | $50,000.00 | Match |
| 10 | Covenant House Transitional Housing Program | City of St. Louis | | Government | St. Louis County Childrens Services Fund: 222 S. Meramec Ave. #202, Clayton MO 63105; St. Louis Mental Health Board: Lindell Professional Building, 333 S 18th St #200, St. Louis, MO 63103 | Grant | $116,277.00 | Match |
| 11 | Depaul USA St.Lazare House | City of St. Louis | | Foundation | Daughters of Charity: 231 S. Bemiston, Suite 735, St. Louis, MO 63105 | Grant | $27,590.00 | Match |
| 12 | Depaul USA Project MORE | City of St. Louis | | Foundation | Daughters of Charity: 231 S. Bemiston, Suite 735, St. Louis, MO 63105 | Grant | $5,000.00 | Match |
| 13 | Depaul USA Project PLUS | City of St. Louis | | Foundation | Daughters of Charity: 231 S. Bemiston, Suite 735, St. Louis, MO 63105 | Grant | $10,000.00 | Match |
| 14 | Doorways Delmar | City of St. Louis | | Organizational Reserves | Interfaith Residence dba Doorways: 4385 Maryland Ave., St. Louis, MO 63108 | Cash | $25,951.00 | Match |
| 15 | Doorways Jumpstart | City of St. Louis | | Organizational Reserves | Interfaith Residence dba Doorways: 4385 Maryland Ave., St. Louis, MO 63108 | Cash | $21,651.00 | Match |
| 16 | Doorways Maryland | City of St. Louis | | Organizational Reserves | Interfaith Residence dba Doorways: 4385 Maryland Ave., St. Louis, MO 63108 | Cash | $164,059.00 | Match |
| 17 | Employment Connections Project Homecoming | City of St. Louis | | Organizational Reserves | 2838 Market St., St. Louis, MO 63103 | Cash | $18,252.00 | Match |
| 18 | Gateway 180 Rapid Rehousing | City of St. Louis | | Non-Government | Operation Food Search: 6282 Olive Blvd., St. Louis 63130 | In-kind | $75,000.00 | Match |
| 19 | HMIS Lead Services ICA | City of St. Louis | | Government | City of St. Louis ESG: 1520 Market St., St. Louis, MO 63103 | Grant | $25,000.00 | Match |
| 20 | Humanitri PSH | City of St. Louis | | Non-Government | United Way: 910 N. 11th St., St. Louis, MO 63101 | Grant | $15,013.00 | Match |
| 21 | Humanitri RRH | City of St. Louis | | Non-Government | United Way: 910 N. 11th St., St. Louis, MO 63101 | Grant | $58,980.00 | Match |
| 22 | Places for People Housing for the Future of Families | City of St. Louis | | Government | Missouri Dept. of Mental Health: 1706 E. Elm St., Jefferson City, MO 65101 | Contract | $25,249.00 | Match |
| 23 | Queen of Peace PSH | City of St. Louis | | Government | Missouri Dept. of Mental Health: 1706 E. Elm St., Jefferson City, MO 65101 | CSTAR Contract | $100,000.00 | Match |
| 24 | Hope House PSH | City of St. Louis | | Government | YWCA Head Start: 1911 Beltway Dr., St. Louis, MO 63114 | Contract | $21,038.00 | Match |
| 25 | St. Patrick Center Projects | City of St. Louis | | Government | Affordable Housing Trust Fund Missouri Housing Development Commission: 505 N. 7th St., St. Louis, MO 63101 | Grant | $83,600.00 | Match |
| 26 | | | | Organizational Reserves | 800 N. Tucker, St. Louis, MO 63101 | Cash | $360,966.00 | Match |

| | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| 27 | YWCA PSH | City of St. Louis | | Organizational Reserves | 3820 W. Pine Blvd., St. Louis, MO 63108 | Cash | $58,987.00 | Match |
| 28 | | | | | | | | Match |
| 29 | 2016 SCL-(Shelter Plus Care STL City - QoP TRA) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $450,000.00 | Match |
| 30 | 2016 SCQ-(Shelter Plus Care STL City Chronic) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $150,000.00 | Match |
| 31 | 2016 SCS-(Shelter Plus Care STL City QoP SRA) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $200,000.00 | Match |
| 32 | 2016 SCY-(Shelter Plus Care STL City SPC) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $150,000.00 | Match |
| 33 | 2016 SZB-(Shelter Plus Care STL City-Chronic 43) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $100,000.00 | Match |
| 34 | 2016 SZC-(Shelter Plus Care STL City Families QoP) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $50,000.00 | Match |
| 35 | 2016 SZS-(Shelter Plus Care STL City-The Beach Project) | Missouri Department of Mental Health | | Government | 1706 E. Elm St., Jefferson City, MO 65101 | In-kind State Funds | $150,000.00 | Match |

# 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: 9-7-16

**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.

**FY2016 Continuum of Care**
**City of St. Louis Disclosure of Lobbying Activities**

**Project Names List**

| Project Name | Applicant Organization |
|---|---|
| MO-501 CoC Planning Application FY2016 | City of St. Louis |
| Covenant House Transitional Housing Program | City of St. Louis |
| Depaul USA St.Lazare House | 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 |
| Hope House PSH | City of St. Louis |
| Humanitri PSH | City of St. Louis |
| Humanitri RRH | City of St. Louis |
| Places for People Housing for the Future of Families | City of St. Louis |
| Queen of Peace PSH | City of St. Louis |
| St. Patrick Center Coordinated Entry | 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 | City of St. Louis |
| St. Patrick Rapid Rehousing | City of St. Louis |
| YWCA PSH | City of St. Louis |
| 2016 SCL-(Shelter Plus Care STL City - QoP TRA) | Missouri Department of Mental Health |
| 2016 SCQ-(Shelter Plus Care STL City Chronic) | Missouri Department of Mental Health |
| 2016 SCS-(Shelter Plus Care STL City QoP SRA) | Missouri Department of Mental Health |
| 2016 SCY-(Shelter Plus Care STL City SPC) | Missouri Department of Mental Health |
| 2016 SZB-(Shelter Plus Care STL City-Chronic 43) | Missouri Department of Mental Health |
| 2016 SZC-(Shelter Plus Care STL City Families QoP) | Missouri Department of Mental Health |
| 2016 SZS-(Shelter Plus Care STL City-The Beach Project) | 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>September 7, 2016 |

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

**FY2016 Continuum of Care**
**City of St. Louis Drug Free Workplace Sites**

| Applicant Organization | Project Name | Address |
|---|---|---|
| City of St. Louis | MO-501 CoC Planning Application FY2016 | 1520 Market Suite 4065 St. Louis MO 63103 |
| City of St. Louis | Covenant House Transitional Housing Program | 2727 N Kingshighway St. Louis MO 63113 |
| City of St. Louis | Depaul USA St.Lazare House | 2904 Arsenal St. Louis MO 63118 |
| 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 St. Louis MO 63108 |
| City of St. Louis | Doorways Jumpstart | 4385 Maryland St. Louis MO 63108 |
| City of St. Louis | Doorways Maryland | 4385 Maryland St. Louis MO 63108 |
| City of St. Louis | Employment Connections Project Homecoming | 2838 Market St Louis MO 63103 |
| City of St. Louis | Gateway 180 Rapid Rehousing | 1000 N 19th St. Louis MO 63106 |
| City of St. Louis | HMIS Lead Services ICA | 910 N 11th Ste 310 St. Louis MO 63101 |
| City of St. Louis | Hope House PSH | 1611 Hodiamont St. Louis MO 63112 |
| City of St. Louis | Humanitri PSH | 1447 E Grand St. Louis MO 63107 |
| City of St. Louis | Humanitri RRH | 1447 E Grand 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 PSH | 325 N Newstead St. Louis MO 63108 |
| City of St. Louis | St. Patrick Center Coordinated Entry | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Center Project Protect Housing | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Center Rosati House | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Permanent Supportive Housing | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | St. Patrick Rapid Rehousing | 800 N Tucker St. Louis MO 63101 |
| City of St. Louis | YWCA PSH | 3820 West Pine St. Louis MO 63108 |
| Missouri Department of Mental Health | 2016 SCL (Shelter Plus Care STL City - QoP TRA) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SCQ (Shelter Plus Care STL City - Chronic-70) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SCS (Shelter Plus Care STL City - QoP SRA) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SCY (Shelter Plus Care STL City - SPC) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SZB (Shelter Plus Care STL City - Chronic-43) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SZC (Shelter Plus Care STL City QoP Families) | 1706 E Elm Jefferson City MO 65101 |
| Missouri Department of Mental Health | 2016 SZS (Shelter Plus Care Beach Project) | 1706 E Elm Jefferson City MO 65101 |

# EMPLOYEE CODE OF CONDUCT

## City of St. Louis
## Francis G. Slay, Mayor

We recognize that City employees have responsibilities to various groups:

- The public
- Elected officials who represent the public
- Their appointing authorities and supervisors
- Fellow employees
- Representatives of other agencies/organizations

These unique responsibilities require each of us to act with honor, faithfulness, loyalty, fairness and due diligence in conducting our job duties; and require us to report improper, unethical or unlawful behavior.

City employees must, at all times, comply with all applicable laws and regulations. Failure to comply with all applicable laws and regulations or unethical behavior in connection with the performance of an employee's duties will not be condoned or permitted. The City does not permit any activity that fails to stand the closest possible public scrutiny.

Any employee who is arrested, charged, indicted and/or convicted of any criminal charge that occurs on or off duty, whether engaged in City business or not, is required to report the arrest, charge, indictment or conviction to his/her appointing authority within five (5) calendar days of the arrest, charge, indictment or conviction. Any employee who fails to comply with this requirement will be subject to disciplinary action up to and including dismissal.

### RESPONSIBILITIES

**The City and its Appointing Authorities are responsible for:**

- Setting an example of competence and appropriate ethical behavior
- Implementing and abiding by this Code of Conduct
- Ensuring that all employees receive a copy of the Code of Conduct and returning the signed copies to the official Department of Personnel files upon initial hire, and thereafter on an annual basis as part of the employee's annual service rating
- Providing job training for all employees
- Emphasizing acceptable standards of performance for each job
- Clarifying City policies and procedures for all employees who might be unclear as to what is appropriate behavior
- Providing working conditions which enable City employees to accomplish their assigned duties fairly and safely

- Providing a workplace environment that encourages open communication, free of fear of reprisal, in the belief that respectful honesty is the surest way to identify problem areas, address them and resolve them
- Providing an avenue for employees to report alleged violations of this Code to their supervisor, appointing authority or the Department of Personnel

**City Supervisors are responsible for:**

- Setting an example of competence and appropriate ethical behavior
- Teaching all employees under their supervision how to do their jobs within the guidelines of this Code
- Emphasizing acceptable standards of performance to all employees
- Emphasizing and clarifying City policies and procedures for all employees
- Managing their area of responsibility, and the actions of their staff in accordance with this Code
- Maintaining a workplace environment that encourages open communication, free of the fear of reprisal, in the belief that respectful honesty is the surest way to identify problem areas, address them fairly, and resolve them

**City Employees are responsible for:**

- Competence and ethical behavior
- Reading, signing, and agreeing to abide by the provisions of this Code of Conduct upon initial employment and on an annual basis thereafter
- Regularly reviewing this Code and comparing their own behavior to the responsibilities and standards described in this Code
- Performing their job within the guidelines of this Code
- Meeting acceptable standards of performance
- Following City policies and procedures
- Contributing to a workplace attitude that respects the standards and behaviors promoted by this Code
- Seeking assistance when they are uncertain about the right thing to do
- Ensuring that their own actions are not illegal, unethical, or in violation of the rules and regulations of the City of St. Louis
- Reporting alleged violations of this Code of Conduct to their supervisor, appointing authority, or the Department of Personnel

## STANDARDS OF BEHAVIOR

The City of St. Louis is committed to protecting its revenue, property, information and other assets from any attempt, either by members of the public, contractors, vendors, agents or its own employees to gain, by deceit, financial or other benefits at the expense of the City taxpayers.

### Work Rules

This Code of Conduct is intended to supplement the Civil Service Rules of the City of St. Louis, the Administrative Regulations of the Department of Personnel and other City and departmental work rules, regulations, policies and procedures. Employees shall be held accountable for following all such established work rules, in addition to the standards of behavior outlined in this Code of Conduct.

## Discrimination/Harassment

The City of St. Louis prohibits discrimination and/or harassment on the basis of race, color, national origin, ancestry, age (40 years and older), disability, religion, sex, sexual orientation, gender identity or expression, marital status and genetic information and prohibits retaliation for filing a complaint or cooperating or participating in an investigation of a complaint of discrimination or harassment. The City supports merit system principles that assure equality and equal opportunity. If an employee believes he/she has been the victim of discrimination, harassment and/or retaliation, the employee should bring his/her concerns to his/her supervisor, appointing authority or the Department of Personnel Employee Relations Section. Additionally, if an employee has questions or concerns with an issue involving the Americans with Disabilities Act, he/she may also bring his/her concerns to the attention of the City's Commissioner on the Disabled.

## Violence

The City of St. Louis has zero tolerance for work related violence or threats of violence regardless of when or where they occur, both on and off duty. Please refer to the current Department of Personnel Administrative Regulation "Policy on Workplace Violence."

## Confidential Information and Records

As a part of an employee's job, he/she may have access to confidential information and records. This information should not be disclosed to fellow employees who do not have a business need to know or to non-employees for any reason, except in accordance with established procedures. Questions regarding the confidentiality of information should be directed to an employee's supervisor, the custodian of records for his/her department/division or the City Counselor's Office.

## Political Activities

Civil Service employees may be a member of a political organization, such as a ward organization, but may not be an officer of such an organization. An employee may contribute money in support of individual candidates for elected office, but may not be coerced or forced in any way to make a contribution. The Civil Service Rules allow yard signs at an employee's residence, a bumper sticker on any vehicle not used on City business and wearing political buttons when not on duty. The Civil Service Rules prohibit an employee in a competitive position in the classified service from taking an active part in a partisan political campaign, including but not limited to distributing literature, acting as a worker at the polls, calling voters on the telephone or circulating petitions. Please consult the Civil Service Rules for additional information regarding this subject or contact the Department of Personnel.

## Conflicts of Interest

The City expects that employees will perform their duties conscientiously, honestly, and in accordance with the best interest of the public. Employees must not use their position or knowledge gained as a result of their position for private or personal advantage.

Employees should continually be mindful that they are hired and paid to perform certain duties. Situations may arise, however, when there seems to be a conflict between their official responsibilities and their personal interests. These may be situations involving financial dealings, spending City funds, regulating businesses or individuals, purchasing supplies or materials or contracting for services. In order to avoid an impropriety – or giving the appearance of an impropriety – employees should alert their supervisors immediately of such conflicting situations. If the employee and the supervisor are unclear about the appropriate path to follow, the matter should be promptly referred to the City Counselor's Office.

Civil Service Rules allow employees, with the approval of their appointing authority, to hold a second job with some non-governmental employers. However, the employee must report all such employment to his/her appointing authority and receive approval of said secondary employment from his/her appointing authority prior to starting same. If an employee changes his/her secondary job, or the nature of his/her secondary job changes the employee must first obtain the written permission of the appointing authority. Please refer to the current Department of Personnel Administrative Regulation regarding Secondary Employment for further information.

### Nepotism

Both the Missouri Constitution and the Civil Service Rules prohibit nepotism such that "Any public officer or employee in this state who by virtue of his office or employment names or appoints to public office or employment any relative within the fourth degree, by consanguinity or affinity, shall thereby forfeit his office or employment." Further, Civil Service Rule VII, Section 12 states that no person in the classified service shall be transferred, promoted or by any other means placed in a position whereby they would be directly supervised by any relative within the second degree of consanguinity or affinity. The Director shall not knowingly certify any applicant, or approve any personnel action, which may result in a violation of the foregoing provisions. Appointing authorities shall not knowingly take such actions.

Relatives related by consanguinity (i.e. blood relative) and affinity (i.e. related to spouse/domestic partner) are described hereafter:

Relations to the Fourth degree of Self or Spouse/Domestic Partner

Spouse, Domestic Partner

| | |
|---|---|
| First Degree: | Child, Parents |
| Second Degree: | Grandchild, Brother/Sister, Grandparents |
| Third Degree: | Great Grandchild, Niece/Nephew, Aunt/Uncle, Great Grandparents |
| Fourth Degree: | Great Great Grandchild, Grand Niece/Nephew, First Cousin, Great Aunt/Uncle, Great Great Grandparents |

Finally, in all instances, employees are prohibited from giving preferential treatment or favoritism to relatives or relatives of a spouse/domestic partner. Employees are encouraged to direct any questions to the Department of Personnel Employees Relations Section.

### Relationships with Third Parties

Employees are prohibited from having a personal interest, directly or indirectly, in a contract with the City. City employees must not allow their personal interests or relationships with third parties to influence, or create the impression of influencing, their decisions in the performance of their duties on behalf of the City.

### Gifts, Favors, Entertainments

Employees are expected to perform their duties in a fair and even-handed manner and are prohibited from taking payment, money, gifts, loans, meals, beverages and/or lodging, or other items of value from anyone in exchange for performing their duties. Delivery of services should be able to stand up to full public disclosure and should in no way be granted or withheld because of gifts, favors or other considerations offered to an employee. While acceptance of a minimal gift of less than $250 in value is permitted when not given in exchange for the performance of duties, even this is discouraged if the gift is from a firm that

does business with the City, since this may be viewed by some members of the public as an attempt to influence on-the-job actions or future decisions. By City ordinance an employee is required to report to the City Register any gift to them or a family member that exceeds $250 in value from an interested person. An interested person is defined here as any person or member of a business organization who conducts a business specifically regulated by the City; currently has or is seeking a contractual relationship with the City to provide goods or services to the City or any agency or department thereof; is seeking employment with the City or any agency thereof; or who is interested in establishing such a business relationship with the City. In all such matters involving gifts, the primary consideration is that the donor does not receive – or appear to receive – treatment not given to any other citizen. An employee's acceptance of payment or gifts in exchange for performing his/her duties will result in disciplinary action up to and including dismissal. If an employee has any concern about the wisdom, legality or honorability of accepting a gift, this concern should be brought to the attention of his/her supervisor, appointing authority, or the City Counselor's Office.

### Kickbacks, Secret Commissions, Bribes, and Payoffs

The City strictly prohibits the acceptance of kickbacks, secret commissions, bribes and payoffs from suppliers or others. Any breach of this rule will result in immediate dismissal and prosecution to the fullest extent of the law.

### City Funds

Whenever a City employee is responsible for handling cash or other financial matters, the job of the employee is to document every aspect of the transaction fully and completely. All City cash and bank accounts must be handled so as to avoid any question of bribery, kickbacks, other illegal/improper payments or suspicion of any impropriety whatsoever.

### Expense Reports

When an employee incurs an approved expense or spends his/her own funds on City needs, that expense must be documented promptly and properly on the forms provided by his/her appointing authority.

### Use of City Assets and Equipment

City assets and equipment are for City purposes only and not for personal benefit. The personal use of City assets including, but not limited to vehicles, computers and other supplies is prohibited.

### Records and Communications

Accurate and reliable records of many kinds are necessary to meet the City's legal and financial obligations and to manage the affairs of the City. The City's books and records must reflect in an accurate and timely manner all transactions. The employees responsible for accounting and record keeping must exercise diligence in fulfilling their job duties.

Employees must not make any misleading representations or falsify any record or engage in false communication of any kind, whether internal or external, including but not limited to making or filing any false expense, attendance, production, financial, or similar reports and statements.

### Dealing with the Public and Organizations

Employees are prohibited from speaking on behalf of the City, or from representing to the public that their comments or statements are those of the City, unless expressly authorized to do so.

### Prompt Communications

Employees should respond to all communications in a complete, accurate and timely manner. City employees are expected to respond promptly and courteously to all proper requests for information and to all complaints.

### Safety and Health

Maintaining a healthy workforce and ensuring the safety of every employee should be the job of each employee, regardless of his/her assignment. Accordingly, each employee is responsible for attending any required safety meetings and reading safety instructions regarding their workplace. All employees must comply with all safety rules and regulations. An employee should promptly report any unsafe condition or any accident to their supervisor, even in cases where there was no injury or property damaged.

### Honesty

City employees should be completely honest in their dealings with the public, elected officials, appointing authorities, supervisors and fellow employees. Lying in any form, omitting some facts or exaggeration undermines the fundamental trust that must exist between employer and employee, and has no place in public service.

### Discussion, Dissent, Support

When deciding on a course of action, City supervisors frequently rely on the views and opinions of their employees. In such cases, an employee is obliged to give as much information as possible, and his/her own best opinion, to the supervisor before the matter is decided. However, once the supervisor has reached a decision it is the duty of all members of the City Service to do all in their power to make it succeed.

### Reporting Fraud and Other Irregular Activities

As they perform their duties, City employees should be alert to situations in which other employees commit or are about to commit acts which violate the law or this Code of Conduct. Illegal, unethical or dishonest actions harm us all. Each City employee, therefore, has a responsibility and duty to report a co-worker's illegal or unethical conduct to his/her supervisor, appointing authority or the Department of Personnel.

### Penalties

Any violation of this Code of Conduct will subject the violator to disciplinary action up to and including dismissal.

### Documentation

Appointing authorities are required to issue a copy of the Code of Conduct to every employee under their authority. Issuance of the Code must be documented by having the employee and issuing supervisor or payroll clerk sign the "Acknowledgement" form issued by the Department of Personnel. The original of the form must be filed with the Department of Personnel within 5 (five) working days of issuance. One copy should be retained by the operating department or agency, and another copy given to the employee.

Published by:
Department of Personnel
City of St. Louis
1114 Market Street, Room 700
St. Louis, MO 63101-2043

REVISED 7/2012

Original to Department of Personnel
Copy to Employee
Copy to Department

# ACKNOWLEDGEMENT

I, (Print Name)_____
HAVE READ, UNDERSTAND AND AM IN COMPLIANCE WITH THE PROVISIONS OF THE CODE OF CONDUCT. I AM NOT AWARE OF ANY VIOLATIONS OF THIS CODE OF CONDUCT AT THIS TIME. SHOULD I BECOME AWARE OF ANY VIOLATIONS OF THIS CODE OF CONDUCT, I WILL NOTIFY MY SUPERVISOR, APPOINTING AUTHORITY OR THE DEPARTMENT OF PERSONNEL IMMEDIATELY.

Signed: _____

Dated: _____

Department: _____

Division:_____

I certify that the employee named above was provided a copy of the Employee Code of Conduct and a copy of this form on the date indicated above.

_____
Supervisor/Manager/Payroll Clerk Signature

_____
Class Title

_____
Department

_____
Date

Revised 7/2012