# 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 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in 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.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If “Other”, specify: Field intentionally left blank, cannot edit.

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: Field intentionally left blank, cannot edit.

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

| | |
|---|---|
| **1. Type of Submission:** | |
| **2. Type of Application:** | New 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:** | |
| **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 on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode on the Submission Summary screen before clicking on “Back to New Project Application FY2016” 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 on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode on the Submission Summary screen before clicking on “Back to New Project Application FY2016” 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.

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|---|---|
| **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 screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

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

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD 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:** Humanitri RRH

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

**a. Applicant:** MO-001

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

**17. Proposed Project**

**a. Start Date:** 06/01/2017

**b. End Date:** 05/31/2018

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

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| **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 (Section VI.A.i.b) 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 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:** $593,078

| Organization | Type | Sub-Award Amount |
|---|---|---|
| Humanitri | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) | $593,078 |

# 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);

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.

Expected Sub-Award Amount: This field is required. Enter the expected sub-award amount.

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

**a. Organization Name:** Humanitri

**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:** 43-1470568

| | | | | |
|---|---|---|---|---|
| | *** d. Organizational DUNS:** | 616071155 | **PLUS 4:** | |

**e. Physical Address**

**Street 1:** 1447 E Grand

**Street 2:**

**City:** St. Louis

**State:** Missouri

**Zip Code:** 63107

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

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

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

**i. Expected Sub-Award Amount:** $593,078

**j. Contact Person**

**Prefix:** Mrs.

**First Name:** Cyra

**Middle Name:**

**Last Name:** Lohman

**Suffix:**

**Title:** Executive Director

**E-mail Address:** c.lohman@humanitri.org

**Confirm E-mail Address:** c.lohman@humanitri.org

**Phone Number:** 314-772-7720

**Extension:** 1,009

**Fax Number:** 314-772-8980

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

# 2B. Experience of Applicant, Subrecipient(s), and Other Partners

## Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

### 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Humanitri has been a sub-recipient of federal funding through the St. Louis Continuum of Care for 20+ years demonstrating 75%+ success rate in placing clients into permanent housing. Participation in the CoC elevates our agency's tracking, transparency, accountability and outcome achievement. Humanitri offers a family-centered environment designed to move families from homelessness to permanency. Humanitri is a fiscally viable 501c3 accredited with 100% compliance in governance standards by the Better Business Bureau

of Greater St. Louis. Our agency is an active member of the United Way of Greater St. Louis. Humanitri has overcome financial challenges in the past to this July re-establishing an operating reserve. Our governing Board of Directors has established internal controls to prevent future financial challenges.
St. Patrick Center has a demonstrated history of success in operating and administering government grant awards and contracts throughout its history. Currently St. Patrick Center receives funding from multiple local, state and federal government agencies, including the City of St. Louis, St. Louis Affordable Housing Commission, Missouri Department of Mental Health, U.S. Veterans Administration and U.S. Department of Labor. In total St. Patrick Center's government grants and contracts equal approximately $6.5 million annually. St. Patrick Center undergoes an annual audit including compliance with OMB Circular No. A-133 requiring a uniform audit for nonprofits that administer federal awards.

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

Humanitri is a 20+ member of the United Way of Greater St. Louis. Funds leveraged from this local federation bridge the agency's financial gap in meeting the highest level of service to our clients. Humanitri additionally leverages $500,000+ annually from local private foundations and individual donors.
St. Patrick Center has multiple local and state government funding partnerships and leverages these sources to serve the greatest number of clients in their areas of specific need.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

Humanitri is governed by a diverse Board of Directors with client representation. Executive Director reports to the BOD. The Director of Programs and Director of Advancement report to the Executive Director. Case Managers report to the Director of Programs. Humanitri's business manager to provide direct financial oversight for all contracts, donations, United Way, Lutheran Foundation. Humanitri outsources accounting and payroll with a firm audited annually by an external auditor.
St. Patrick Center is governed under the auspice of the Catholic Charities Federation of the St. Louis Archdiocese. This includes collective accreditation through the Council on Accreditation as well as annual financial audits. St. Patrick Center also has its own Board of Directors which oversees all operations. The executive team is made up of a Chief Executive Officer, Chief Financial and Administration Officer, Chief Development Officer, and Chief Program Officer. St. Patrick Center's financial oversight is conducted by the accounting department, which works with program managers and their directors to maintain appropriate levels of spending throughout grant periods. St. Patrick Center utilizes the industry recognized Lawson Enterprise Financial Management system. This system is designed and implemented to allow for detailed tracking and reporting of grant related activities. Annually, St. Patrick Center's accounting records are subject to audit by an external audit firm.

| | |
|---|---|
| **4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** | No |

# 3A. Project Detail

## Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

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 the 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 populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

Energy Star: this field is required. Select “Yes” or “No” to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

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

**1a. CoC Number and Name:** MO-501 - St. Louis CoC

**1b. CoC Collaborative Applicant Name:** City of St. Louis

**2. Project Name:** Humanitri RRH

**3. Project Status:** Standard

**4. Component Type:** PH

| | |
|---|---|
| **5. Is Energy Star used at one or more of the proposed properties?** | No |
| **6. Does this project use one or more properties that have been conveyed through the Title V process?** | No |

# 3B. Project Description

## Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. 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.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. Select “No” if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

PH PROJECTS ONLY

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select “none of the above” if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: 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.)

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question’s response of “Yes” or “No” is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

Will 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. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Only option will be Coordinated Entry

Wil 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 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.

The primary goal of the project is housing stability and permanency. Increased income is the second goal. Emotional wellness and family stability is the third. To achieve each, Humanitri's case management design aligns with standards set forth by the Department of Urban Development and the St. Louis City CoC. Customized Case Plans and individual assessments allow for consistency of services with assurance that each client's unique needs are addressed and services remain voluntary.Humanitri will open the case with a formal intake within three days of receiving a referral through the Front Door of our system.

The Case Manager's first action will be to identify housing barriers and set actions to remove obstacles that prohibit the client from being housed rapidly. The Case Manager will visit properties with the client to secure safe and affordable housing. Urgency exists in case management to rapidly house and employ each client. These two priorities will be central to the role of the case manager until Humanitri has the capacity to hire an Employment Coordinator and Landlord Manager.
The case manager will present to clients at intake the type of assistance provided in housing identification and participants' basic landlord-tenant rights and responsibilities in leasing. We will work to identify housing at or below 30% of the family's income, aware that for extremely low income clients this percentage will not be achievable but the likelihood of income rises once the family is stably housed, employed, and supported in elevating employment.Rent and move-in assistance will be provided as necessary to ensure the quick resolution of the family's immediate housing crisis. The case manager and client will develop a Case Plan, including voluntary clinical assessments of mental health, aptitude and/or substance use, in preparation to maintain housing permanency after the program ends. The Case Plan will inform bimonthly client sessions in the home during the period rent assistance is provided. Incremental progress toward goals and next actions are tracked against the Case Plan. Outcomes and basic demographics are tracked in HMIS. Once rent assistance concludes, home visits will be conducted monthly to connect the family to appropriate mainstream and community based services that will continue to assist them after the program ends. Employment Specialists will meet with clients at the office, in their homes and at their work sites, once they become employed

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

Services will begin 7.1.17 and conclude 6.30.18. The Director of Programs will ensure the effectiveness and completion of proposed services in adherence to the performance targets and timeline proposed. Director of Programs reviews HMIS data monthly and addresses performance and tracking concerns with Case Managers in monthly staffings.

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

*** 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

| | | | |
|---|---|---|---|
| **Chronic Homeless** | | **Domestic Violence** | X |
| **Veterans** | | **Substance Abuse** | X |
| **Youth (under 25)** | X | **Mental Illness** | X |

| | | | |
|---|---|---|---|
| **Families** | X | **HIV/AIDS** | |
| | | **Other (Click 'Save' to update)** | |

## 5. Housing First

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

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

| | |
|---|---|
| **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** | |

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

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

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

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

**7. Will the PH project provide PSH or RRH?** RRH

| | |
|---|---|
| **8. Will the project request costs under the rental assistance budget line item?** | Yes |
| **9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** | No |
| **10. Will more than 16 persons live in one structure?** | No |

# 3C. Project Expansion Information

## Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select “Yes” or “No” to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If “Yes” select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the “Save” button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click “Add” or “Add All” to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click “Remove” or “Remove All.”

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

# 4A. Supportive Services for Participants

## Instructions:

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

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

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

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

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 from the dropdown 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 will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select "Yes" if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select "No" if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select "Yes" if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select "No" if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select "Yes" if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select "No" if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select "Yes" if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select "No" if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

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

| | |
|---|---|
| **1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** | Yes |
| **1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** | Yes |

**2. Describe how participants will be assisted to obtain and remain in permanent housing.**

Humanitri will see clients within three days of receiving a referral through the Coordinated Entry. The Case Manager (CM) will identify housing barriers and remove obstacles that prohibit the client from being housed rapidly. The CM will assist in finding affordable housing. Urgency exists to rapidly house. Rent and

move-in assistance will be provided as necessary to ensure the quick resolution of the family's immediate housing crisis. We believe the majority of our RRH participants will be able to maintain housing with short-term rent assistance. Households with higher housing barriers or no income may need more assistance. The CM and client will develop a Case Plan that with goals and expectations. Progress toward goals and next actions are tracked in HMIS. Continued home visits will be conducted monthly to connect the family to appropriate mainstream and community based services that will continue to assist them.

**3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

Employment Specialists, through St. Patrick's Center, will meet with clients at the office, in their homes and community. Each client will complete an assessment. Clients and their Employment Specialist will complete an Individualized Employment Plan. This will serve as a map for both the client and Employment Specialist for addressing the unique barriers standing in the way of finding and keeping a job. The Individualized Employment Plan will help clients to set their own personal goals. St. Patrick Center offers paid on-the-job training programs. These programs are built upon providing opportunities for clients to learn and refine skills needed for careers in the food service, landscaping and hospitality industries. When participating in on-the-job training, clients will earn wages for hours worked, gain hard and soft skills that can be transferred when moving on to new employment, and be provided with invaluable coaching from training coordinators and work site supervisors.

**4. 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 | Quarterly |
| **Assistance with Moving Costs** | | Subrecipient | As needed |
| **Case Management** | | Subrecipient | Weekly |
| **Child Care** | | | |
| **Education Services** | | | |
| **Employment Assistance and Job Training** | | Subrecipient | Weekly |
| **Food** | | Subrecipient | As needed |
| **Housing Search and Counseling Services** | | Subrecipient | As needed |
| **Legal Services** | | Non-Partner | As needed |
| **Life Skills Training** | | Subrecipient | As needed |
| **Mental Health Services** | | Non-Partner | Annually |
| **Outpatient Health Services** | | Non-Partner | As needed |

| | | |
|---|---|---|
| **Outreach Services** | Non-Partner | As needed |
| **Substance Abuse Treatment Services** | Non-Partner | As needed |
| **Transportation** | Subrecipient | As needed |
| **Utility Deposits** | Subrecipient | As needed |

## 5. Please identify whether the project will include the following activities:

| | |
|---|---|
| **5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** | Yes |
| **5b. Use of a single application form for four or more mainstream programs?** | Yes |
| **5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** | Yes |
| **6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** | Yes |
| **6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** | No |

# 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:** 28

**Total Beds:** 80

| Housing Type | Units | Beds | Dedicated CH Beds | Prioritized CH Beds |
|---|---|---|---|---|
| Scattered-site apartments (... | 28 | 80 | 0 | 0 |

# 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, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

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 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:** 28

**b. Beds:** 80

**3. Address**

**Street 1:** 1447 E Grand

**Street 2:**

**City:** St. Louis

**State:** Missouri

**ZIP Code:** 63107

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

294626 St Louis

# 5A. Project Participants - Households

## Instructions:

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

### Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| **Number of Households** | 28 | 0 | 0 | 28 |

| 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** | 24 | 0 | | 24 |
| **Adults ages 18-24** | 4 | 0 | | 4 |
| **Accompanied Children under age 18** | 52 | | 0 | 52 |
| **Unaccompanied Children under age 18** | | | 0 | 0 |
| **Total Persons** | 80 | 0 | 0 | 80 |

**Click Save to automatically calculate totals**

# 5B. Project Participants - Subpopulations

## Instructions:

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

### Persons in Households with at Least One Adult and One Child

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|---|---|---|---|---|---|---|---|---|---|---|
| **Adults over age 24** | 0 | 0 | 0 | 5 | 0 | 5 | 14 | 0 | 0 | 0 |
| **Adults ages 18-24** | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 |
| **Children under age 18** | | | | | | | 26 | | | 26 |
| **Total Persons** | 0 | 0 | 0 | 7 | 0 | 5 | 42 | 0 | 0 | 26 |

**Click Save to automatically calculate totals**

## Persons in Households without Children

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

## Persons in Households with Only Children

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

### Describe the unlisted subpopulations referred to above:

This represents children no included in any subpopulations

# 5C. Outreach for Participants

## Instructions:

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
- Persons fleeing domestic violence

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

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2016 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

*NOTE* The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD 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.

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

## 2. Describe the outreach plan to bring these homeless participants into the project.

Humanitri’s RRH is a Housing First program and will fill all vacancies through the Coordinated Entry process. The Coordinated Entry process is linked to the

Continuum's street outreach efforts so people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.

# 5D. Discharge Planning Policy

| | |
|---|---|
| **1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?** | Yes |

# 6A. Funding Request

## Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018: This is a required field. Select “Yes” or “No” to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If “No” is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand
OR
Is the project applying for funding through the permanent housing bonus? Select “Reallocation” if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

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: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the “Summary Budget” will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen “3A Project Detail.” The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen “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 Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

| | |
|---|---|
| **1. Will it be feasible for the project to be under grant agreement by September 30, 2018?** | Yes |
| **2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand** | Permanent Housing Bonus |

| | |
|---|---|
| **OR is the project applying for funding through the permanent housing bonus?** | |
| **3. Does this project propose to allocate funds according to an indirect cost rate?** | No |
| **4. Select a grant term:** | 1 Year |
| *** 5. Select the costs for which funding is being requested:** | |
| **Acquisition/Rehabilitation/New Construction** | |
| **Rental Assistance** | X |
| **Supportive Services** | X |
| **HMIS** | |

# Funding_Request HIDDEN

| | |
|---|---|
| **(HIDDEN) Grant Term in years, for use in calculations:** | 1 |
| **(HIDDEN) Grant Term in Months, for use in calculations:** | 12 |
| **Acquisition/Rehabilitation/New Construction (Hidden)** | |
| **Supportive Services (Hidden)** | X |
| **Rental Assistance (Hidden)** | X |
| **Leased Units (Hidden)** | |
| **Leased Structures (Hidden)** | |
| **Housing Relocation & Stabilization (Hidden)** | |
| **Operations (Hidden)** | |
| **HMIS (Hidden)** | |

# 6E. Rental Assistance Budget

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

| | |
|---|---|
| **Total Request for Grant Term:** | $314,520 |
| **Total Units:** | 28 |

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---|---|---|---|
| TRA | IL - St. Louis, MO-IL HUD Metro FMR A... | 28 | $314,520 |

# Rental Assistance Budget Detail

## Instructions:

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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

Grant Term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

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

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

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

**Type of Rental Assistance:** TRA

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

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---|---|---|---|---|---|---|---|---|
| **SRO** | | x | $419 | x | 12 | | = | $0 |
| **0 Bedroom** | | x | $558 | x | 12 | | = | $0 |
| **1 Bedroom** | | x | $645 | x | 12 | | = | $0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **2 Bedrooms** | 18 | x | $840 | x | 12 | = | $181,440 |
| **3 Bedrooms** | 10 | x | $1,109 | x | 12 | = | $133,080 |
| **4 Bedrooms** | | x | $1,284 | x | 12 | = | $0 |
| **5 Bedrooms** | | x | $1,477 | x | 12 | = | $0 |
| **6 Bedrooms** | | x | $1,669 | x | 12 | = | $0 |
| **7 Bedrooms** | | x | $1,862 | x | 12 | = | $0 |
| **8 Bedrooms** | | x | $2,054 | x | 12 | = | $0 |
| **9 Bedrooms** | | x | $2,247 | x | 12 | = | $0 |
| **Total Units and Annual Assistance Requested** | 28 | | | | | | $314,520 |
| **Grant Term** | | | | | | | 1 Year |
| **Total Request for Grant Term** | | | | | | | $314,520 |

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

# 6F. 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. For each grant year, 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.

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 based on the grant term selected on Screen "6A. Funding Request" 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 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** | 2 FTE Case Managers (32k +5400 taxes and benefits=74,800 1FTE Housing Specialist (32K = 5400=37,400 | $112,200 |
| **4. Child Care** | | |
| **5. Education Services** | | |
| **6. Employment Assistance** | Contractual Services St. Patrick Center 2 FTE Employment Specialist (32K = 5,120 =74,240) Vocational Trainng , stipend, work attire ID Birht Certificate | $99,521 |
| **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** | Bus Passes tickets | $9,200 |
| **16. Utility Deposits** | Utility deposit 464 x28 | $13,000 |
| **17. Operating Costs** | Operations case management, employment services printers copiers, postage | $16,483 |
| **Total Annual Assistance Requested** | | $250,404 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $250,404 |

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

# 6I. 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:** | $148,270 |
| **Total Value of In-Kind Commitments:** | $0 |
| **Total Value of All Commitments:** | $148,270 |

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|---|---|---|---|---|---|
| Yes | Cash | Private | United Way | 08/25/2016 | $118,040 |
| Yes | Cash | Private | St. Patrick | 08/25/2016 | $30,230 |

# Sources of Match Detail

## Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal 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, and the FY 2016 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 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 with populate the Screen “6J. 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 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)** | United Way |
| **5. Date of Written Commitment:** | 08/25/2016 |
| **6. Value of Written Commitment:** | $118,040 |

# Sources of Match Detail

## Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal 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, and the FY 2016 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 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 with populate the Screen “6J. 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 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)** | St. Patrick |
| **5. Date of Written Commitment:** | 08/25/2016 |
| **6. Value of Written Commitment:** | $30,230 |

# 6J. Summary Budget

## Instructions:

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

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

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

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

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. 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 “6I. 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 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 | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|---|---|---|---|
| **1a. Acquisition** | | | $0 |
| **1b. Rehabilitation** | | | $0 |
| **1c. New Construction** | | | $0 |
| **2a. Leased Units** | $0 | 1 Year | $0 |

| | | | |
|---|---|---|---|
| **2b. Leased Structures** | $0 | 1 Year | $0 |
| **3. Rental Assistance** | $314,520 | 1 Year | $314,520 |
| **4. Supportive Services** | $250,404 | 1 Year | $250,404 |
| **5. Operating** | $0 | 1 Year | $0 |
| **6. HMIS** | $0 | 1 Year | $0 |
| **7. Sub-total Costs Requested** | | | $564,924 |
| **8. Admin (Up to 10%)** | | | $28,154 |
| **9. Total Assistance Plus Admin Requested** | | | $593,078 |
| **10. Cash Match** | | | $148,270 |
| **11. In-Kind Match** | | | $0 |
| **12. Total Match** | | | $148,270 |
| **13. Total Budget** | | | $741,348 |

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

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

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 1) Subrecipient Nonprofit Documentation | No | Non Profit Docume... | 09/07/2016 |
| 3) Other Attachment(s) | No | Required Forms Pa... | 09/07/2016 |
| 2) Other Attachment(s) | No | Match Letters | 09/07/2016 |

# Attachment Details

**Document Description:** Non Profit Documentation

# Attachment Details

**Document Description:** Required Forms Packet

# Attachment Details

**Document Description:** Match Letters

# 7B. Applicant 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.

### 15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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.

### 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 Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent** | X |

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

# 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

| Page | Last Updated |
|---|---|
| **1A. Application Type** | No Input Required |
| **1B. Legal Applicant** | No Input Required |
| **1C. Application Details** | No Input Required |
| **1D. Congressional District(s)** | 09/06/2016 |

| | |
|---|---|
| **1E. Compliance** | 08/24/2016 |
| **1F. Declaration** | 08/24/2016 |
| **2A. Subrecipients** | 09/01/2016 |
| **2B. Experience** | 09/01/2016 |
| **3A. Project Detail** | 09/01/2016 |
| **3B. Description** | 09/01/2016 |
| **3C. Expansion** | 09/01/2016 |
| **4A. Services** | 09/06/2016 |
| **4B. Housing Type** | 09/01/2016 |
| **5A. Households** | 09/06/2016 |
| **5B. Subpopulations** | 09/06/2016 |
| **5C. Outreach** | 09/06/2016 |
| **5D. Discharge Policy** | 09/01/2016 |
| **6A. Funding Request** | 09/01/2016 |
| **6E. Rental Assistance** | 09/01/2016 |
| **6F. Supp Srvcs Budget** | 09/01/2016 |
| **6I. Match** | 09/01/2016 |
| **6J. Summary Budget** | No Input Required |
| **7A. Attachment(s)** | 09/07/2016 |
| **7B. Certification** | 09/01/2016 |

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

In reply refer to: 0248467584
Feb. 06, 2012 LTR 4168C EO
43-1470568 000000 00
00017830
BODC: TE

HUMANITRI
1120 S 6TH ST STE 120
SAINT LOUIS MO 63104-3602

020770

Employer Identification Number: 43-1470568
Person to Contact: Mrs. Scheper
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 26, 2012, 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 March 1988.

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.

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

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

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

Humanitri

REACHING OUT
WITH HELP AND HOPE

August 22, 2016

City of St. Louis
Attention: Edwin Muhammad
Department of Human Services
Homeless Services Division
1520 Market Street, Room 4065
St. Louis, MO 63103

Re: Rapid Re-Housing New Project Match Requirement

Mr. Muhammad:

Humanitri has pledged a new project match of $118,040 over 12 months in our Rapid Re-Housing Program. Below please find an outline of funding sources, dates of availability and use of match.

Match Available Dates:
$9,836.63 per month totaling $118,040 will begin 7/1/17 and end 6/30/18.

Match Source:
United Way funding in the amount of $4,915 per month will be allocated 7/1/17 through 6/30/18 through a renewal contract to total $58,980. Missouri Housing Trust funding in the amount of $4,921.50 per month will be allocated 7/1/17 through 6/30/18 to total $59,059 (*pending*). In the event of the unavailability of either funding source, Humanitri will support matching funds out of general operations.

Activities/Services Funded by Match:
Matching funds cover allowable contract expenses which exceed the amount of funds available in the contract. Expenses include utility assistance, bus passes, rent assistance and personnel beyond the funded request.

Should questions arise please call me directly at ext 1009.

Cordially submitted,

Cyra Lohman
Executive Director

ST. PATRICK
CENTER

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August 25, 2016

Irene Augustin
Chief Program Manager
Department of Human Services – Division of Homeless Services
1520 Market Street
St. Louis, MO 63101

RE: Cash Match Confirmation

Dear Ms. Augustin:

Please accept this letter as confirmation that St. Patrick Center has and will contribute our required match amount for the new Rapid Re-housing collaboration between Humanitri and St. Patrick Center for the award period beginning January 1, 2017. Our match requirement for this award is $30,231, which will come from a combination of in-kind donations, private grant funding, unrestricted donations, and unrestricted revenue.

Please do not hesitate to contact me at (314) 802-1978 if you have any questions or need additional information.

Sincerely,

Mike Jones
Chief Finance and Administration Officer
St. Patrick Center

stpatrickcenter.org

800 North Tucker / St. Louis, MO 63101
P: 314.802.0700 / F: 314.802.1982

Catholic Charities