Before Starting the Project Application

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

Things to Remember

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

1A. Application Type

Instructions:

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

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

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

Applicant Identifier: Field intentionally left blank, cannot edit.

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

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

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

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

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

1. Type of Submission:	
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	11/13/2015
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MO0014L7E011407
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

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

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

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

8. Applicant

a. Legal Name: City of St. Louis

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

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

d. Address

Street 1: 1520 Market

Street 2: Suite 4065

City: St. Louis

County: St. Louis City

State: Missouri

Country: United States

Zip / Postal Code: 63103

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services

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

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

1C. Application Details

Instructions:

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

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

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

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

1D. Congressional District(s)

Instructions:

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

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

Congressional District(s):

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

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

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

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

15. Descriptive Title of Applicant's Project: Humanitri Transitional Housing Program

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

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

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

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

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

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

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

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

1F. Declaration

Instructions:

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

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

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

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

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

I AGREE: X

21. Authorized Representative

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

Email: slayf@stlouis-mo.gov

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

Date Signed: 11/13/2015

2A. Project Subrecipients

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

Total Expected Sub-Awards: $163,526

Organization	Type	Sub-Award Amount
Humanitri	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$163,526

2A. Project Subrecipients Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

a. Organization Name: 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:**	042883608	**PL US 4**	

e. Physical Address

Street 1: 1447 E. Grand Ave

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: $163,526

j. Contact Person

Prefix: Mrs.

First Name: Kim

Middle Name:

Last Name: Anderson

Suffix:

Title: Director of Programs

E-mail Address: k.anderson@Humanitri.org

Confirm E-mail Address: k.anderson@Humanitri.org
Phone Number: 314-772-7720
Extension: 20
Fax Number: 314-772-8980

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

2B. Recipient Performance

Instructions:

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

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

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

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

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

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

1. APR Submission

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

2. HUD Monitoring Findings

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

3. Quarterly Drawdowns

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

4. Recaptured Funds

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

3A. Project Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Expiring Grant Number: MO0014L7E011407

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

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

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

3. Project Name: Humanitri Transitional Housing Program

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

3B. Project Description

Instructions:

ALL PROJECTS

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

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

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

PH, TH and SSO PROJECTS ONLY

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

PH PROJECTS ONLY

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

PH AND TH PROJECTS ONLY:

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

RENTAL ASSISTANCE PROJECTS ONLY

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

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

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

Humanitri provides 25 scattered site transitional housing units for homeless families in the city of St. Louis, MO. Families are defined as single and multi-parent households with at least one dependent child. Referrals to this project will be received through the Continuum of Care Coordinated Intake System. Humanitri follows a Housing First approach.

This project provides the participant with an opportunity to learn and demonstrate improved skills in many areas, allowing them to reach self sufficiency and greater self determination. Humanitri and the participant review the Vi-SPADAT and use the Missouri Self Sufficiency Scale to develop the Client Service Plan, establish achievable goals and benchmarks, and ensure appropriate linkage and referral.
Client Service Plans are developed with the goal of helping the client obtain permanent housing. This goal is reach by obtaining employment, achieving financial literacy, acquiring budgeting skills, reducing debt (primarily utility bills), repairing credit, resolving any legal issues that may be a barrier to permanent housing, and obtaining public benefits for which clients are eligible. Developing relationships with local landlords is crucial for permanent housing placement; Humanitri has a good history in developing and maintaining relationships with landlords.

Supportive services include; case management, teaching and training in financial literacy, health and wellness, decision making, linkage and referral, and parenting. We receive some monies for participant transportation and use private unrestricted donations to purchase bus tickets for participant needs: e.g. mployment interviews. Weekly bus passes are provided until the participant receives his/her initial paycheck. Project participants have access to SSI/SSDI assistance from our staff. The Program Director is SOAR certified. Humanitri collaborates with more than 25 community agencies to provide our clients with access to the following services and benefits: Legal services, community mental health, medical providers, substance abuse treatment, financial services, public benefits providers, employment counseling and assistance, and education for both the participant(s) and their child(ren).

The projected goals for this project are that 66% of participants will exit into permanent housing and 44% of participants will increase their earned income. Outcomes/evaluation of the project will be obtained using HMIS, client service plans (Missouri Self Sufficiency Scale), client progress notes, discharge planning and follow-up surveys.

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

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

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

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

Other: Developmental Disabilities

4. Housing First

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

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

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

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Being a victim of domestic violence	X

Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

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

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

4A. Supportive Services for Participants

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4B. Housing Type and Location

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

Total Units: 25

Total Beds: 89

Total Youth Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...	25	89	0	89

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

PH-PSH PROJECTS ONLY

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

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

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

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

ALL PROJECTS EXCEPT HMIS

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

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

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

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

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

a. Units: 25

b. Beds: 89

3. Beds for Youth

a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:

Street 1: 1447 E. Grand Ave

Street 2:

City: Saint Louis

State: Missouri

ZIP Code: 63107

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

294626 St Louis

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

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

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

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

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

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

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

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

Households	**Households with at Least One Adult and One Child**	**Adult Households without Children**	**Households with Only Children**	**Total**
Total Number of Households	25	0	0	25

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	11	0		11
Adults ages 18-24	11	0		11
Accompanied Children under age 18	53		0	53
Unaccompanied Children under age 18			0	0
Total Persons	75	0	0	75

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

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

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

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

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	0	6	0	0	5
Adults ages 18-24	0	0	0	0	0	0	0	0	1	10
Children under age 18	0			0	0	0	12	0	1	40
Total Persons	0	0	0	0	0	0	18	0	2	55

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

1. Adults between 18-24 and over the age of 24 who, while not experiencing any of the listed issues, do meet the HUD definition of homeless; and 2. Accompanied children under age 18 who are not experiencing any of the listed issues

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

AND/OR

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

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

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

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

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

0%	**Directly from the street or other locations not meant for human habitation.**
94%	**Directly from emergency shelters.**
6%	**Directly from safe havens.**

0%	**Directly from the street or other locations not meant for human habitation.**
0%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.**
0%	**Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)**
0%	**Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)**
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

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

AND/OR

If "Persons at imminent risk…" is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

Housing Measure	Target (#)	Universe (#)	Target (%)
1a. Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	33	40	83%

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

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.	29	40	73%
OR			
2b. Adults who increased their earned income as of the end of the operating year or project exit.			0%

6B. Additional Performance Measures

Instructions:

ALL PROJECTS EXCEPT HMIS; MANDATORY FOR SSO COORDINATED ENTRY

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

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

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

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

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

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

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

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

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

Proposed Measure
Clients will incr...
Clients will incr...

6B. Additional Performance Measures Detail

Instructions:

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

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%) (Calculated)
Clients will increase in Financial Literacy	45	50	90%

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

Data is collected utilizing a Pre/Post Test at the beginning and the end of the Monthly Group Meeting/class. Attendance sheets are required and completed. This allows Humanitri to demonstrate which clients are attending. The attendance sheets, Pre/Post Test results are reviewed by the TH staff and VP-Programs on a monthly basis. All results are maintained in a locked file cabinet.

3. Specific data elements and formula proposed for calculating results

The in-class tests are testing for knowledge in budgeting, (formulating and maintaining a budget). Pre and post testing is calculated by dividing the number of correct answers by the total number of questions asked (allowing for a percentage to be calculated. Pre and post test scores are then compared: an increase from the pre test score to the post test score demonstrates an increase in knowledge and mastery of skill taught.

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

Ensure financial literacy, in the form of knowledge and application of budgeting skills and establishing realistic goals so as to not repeat the cycle of homelessness.

6B. Additional Performance Measures Detail

Instructions:

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

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

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

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

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

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

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

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

Additional Resources can be found at the HUD Resource Exchange:

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

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

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%) (Calculated)
Clients will increase in Financial Literacy	45	50	90%

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

Data is collected utilizing Pre/Post test results at the Monthly Group Meetings. Group Results are reviewed Monthly by the VP-Programs and TH Case Management Team.
Attendance Sheets are completed at every Group and are also reviewed Monthly by the TH Team. All tests results are stored in a locked file as are Attendance Sheets.

3. Specific data elements and formula proposed for calculating results

In-class tests are used to test specific knowledge on budgeting, budget formulation, financial planning, and understanding of savings accounts, with the goal that our clients are no longer "unbanked." Pre and post testing is calculated by dividing the number of correct answers by the total number of questions completed, allowing for percentages to be calculated. Pre and Post test scores are compared; an increase in test scores demonstrated increased knowledge of the subject matter and mastery in skill.

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

Ensuring that clients have a knowledge base and mastery in basic financial literacy and that they have acquired a budgeting skill set and the ability to set realistic goals are all essential to breaking the cycle of homelessness.

7A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

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

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

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

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

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

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

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

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

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

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

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

Leased Units	
Leased Structures	
Supportive Services	X
Operations	X
HMIS	

7E. Supportive Services Budget

Instructions:

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

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

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

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

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

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

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	2 Case Managers @ .02143 FTE each ($42k salary and benefits) = $1,800; 1 PC @ .025 ($66k salary and benefits) = $1,650	$3,450
2. Assistance with Moving Costs		
3. Case Management	2 Case Managers @ .8 FTE each ($42k salary and benefits) = $67,200; 1 PC @ .0732 FTE ($66k salary and benefits) = $4,831	$72,031
4. Child Care		
5. Education Services	2 Case Managers @ .009 FTE each $42K salary and benefits) = $756; 1 PC @ .017 FTE ($66K salary and benefits) = $1,122; related class supplies $472	$2,350
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	2 Case Managers @ .009 FTE ($42K salary and benefits) = $756; 1 PC @ .017 ($66K salary and benefits) = $1,122; related class supplies $522	$2,400

11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff mileage 259 miles/month @ $.45 per mile = $1,399; bus passes $80/mo times 20 clients = $1,600	$2,999
16. Utility Deposits		
17. Operating Costs		$0
Total Annual Assistance Requested		$83,230
Grant Term		1 Year
Total Request for Grant Term		$83,230

Click the 'Save' button to automatically calculate totals.

7F. Operating Budget

Instructions:

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

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

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

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

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

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

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	1FTE Maintenance Worker ($30k salary/taxes/benefits), 0.5FTE Maintenance Worker ($11,500 of $23k salary/taxes/benefits); $1,670 for supplies	$43,170
2. Property Taxes and Insurance	Property and Casualty Insurance	$3,000
3. Replacement Reserve	Replacement of major appliances from wear and tear for units occupied by project participants only.	$1,628
4. Building Security		
5. Electricity, Gas, and Water	Utility costs at properties occupied by project participants only during the course of project participation. Electricity, Gas, and Water are covered for 25 units.	$20,800
6. Furniture		

7. Equipment (lease, buy)	Copier is leased- at a cost of $416 per month with 20% utilization by THP program. $416 x .20 = $83.2 x 12 = $998	$1,000
Total Annual Assistance Requested		$69,598
Grant Term		1 Year
Total Request for Grant Term		$69,598

Click the 'Save' button to automatically calculate totals.

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

7H. Sources of Match/Leverage

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

Summary for Match

Total Value of Cash Commitments:	$41,551
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$41,551

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$507,209
Total Value of All Commitments:	$507,209

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	Humanitri	08/05/2015	$41,551
Leverage	In-Kind	Private	St. Louis Area Fo...	10/20/2015	$10,563
Leverage	In-Kind	Private	St. Patrick Center	10/20/2015	$48,330
Leverage	In-Kind	Private	Humanitri	10/20/2015	$367,700
Leverage	In-Kind	Government	MO Dept of Social...	10/20/2015	$80,616

Sources of Match/Leverage Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Humanitri
5. Date of Written Commitment:	08/05/2015
6. Value of Written Commitment:	$41,551

Sources of Match/Leverage Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	St. Louis Area Food Bank
5. Date of Written Commitment:	10/20/2015
6. Value of Written Commitment:	$10,563

Sources of Match/Leverage Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	St. Patrick Center
5. Date of Written Commitment:	10/20/2015
6. Value of Written Commitment:	$48,330

Sources of Match/Leverage Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Humanitri
5. Date of Written Commitment:	10/20/2015
6. Value of Written Commitment:	$367,700

Sources of Match/Leverage Detail

Instructions:

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

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

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

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

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

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

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

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

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

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	MO Dept of Social Services
5. Date of Written Commitment:	10/20/2015
6. Value of Written Commitment:	$80,616

7I. Summary Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

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

3. Supportive Services	$83,230
4. Operating	$69,598
5. HMIS	$0
6. Sub-total Costs Requested	$152,828
7. Admin (Up to 10%)	$10,698
8. Total Assistance plus Admin Requested	$163,526
9. Cash Match	$41,551
10. In-Kind Match	$0
11. Total Match	$41,551
12. Total Budget	$205,077

8A. Attachment(s)

Instructions:

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

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

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

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

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

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Verific...	10/19/2015
2) Other Attachment	No	Humanitir Forms	11/13/2015
3) Other Attachment	No	Humanitri Match a...	11/13/2015

Attachment Details

Document Description: Nonprofit Verification

Attachment Details

Document Description: Humanitir Forms

Attachment Details

Document Description: Humanitri Match and Leverage

8B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Francis Slay

Date: 11/13/2015

Title: Mayor

Applicant Organization: City of St. Louis

PHA Number (For PHA Applicants Only):

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

9B Submission Summary

Page	Last Updated
1A. Application Type	10/06/2015
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/19/2015
1E. Compliance	10/06/2015
1F. Declaration	10/06/2015
2A. Subrecipients	10/19/2015
2B. Recipient Performance	10/19/2015
3A. Project Detail	10/19/2015
3B. Description	11/05/2015
4A. Services	10/19/2015
4B. Housing Type	10/19/2015
5A. Households	10/19/2015
5B. Subpopulations	10/29/2015
5C. Outreach	10/06/2015
6A. Standard	11/11/2015
6B. Additional Performance Measures	11/05/2015
7A. Funding Request	11/03/2015
7E. Supp. Srvcs. Budget	11/13/2015
7F. Operating	11/10/2015
7H. Match/Leverage	11/02/2015
7I. Summary Budget	No Input Required
8A. Attachment(s)	11/13/2015
8B. Certification	10/29/2015

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 E0
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.

0248467584
Feb. 06, 2012 LTR 4168C E0
43-1470568 000000 00
00017831

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

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

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

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

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

Applicant/Recipient Information

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

1. Applicant/Recipient Name, Address, and Phone (include area code):
City of St. Louis 1520 Market Suite 4065 St. Louis MO, 63103 (314) 612-5900

2. Social Security Number or Employer ID Number:
436003231

3. HUD Program Name
HUD COC Homeless Assistance Competition

4. Amount of HUD Assistance Requested/Received
$163,526

5. State the name and location (street address, City and State) of the project or activity:
Humantri Transitional Housing Program 1447 East Grand Avenue St. Louis MO 63107

Part I Threshold Determinations

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

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

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

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

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

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

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*** 2. Type of Application:**
- ☒ New
- ☐ Continuation
- ☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 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):** 43-6003231

*** c. Organizational DUNS:** 6206802230000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title:

Organizational Affiliation:

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

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

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FR-5900-N-25

* Title:

Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Francis
Middle Name: G.
* Last Name: Slay
Suffix:

* Title: Mayor

* Telephone Number: (314) 622-3201
Fax Number: slayf@stlouis-mo.gov

* Email: slayf@stlouis-mo.gov

* Signature of Authorized Representative: Francis G. Slay
* Date Signed: 11-12-15

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

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

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

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

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

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

Applicant's DUNS Number: 620680223

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

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

   ☐ Yes ☑ No

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

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

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

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

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

   ☐ Yes ☑ No

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

   ☐ Yes ☑ No

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

   ☑ Yes ☐ No

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

   ☑ Yes ☐ No

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

   ☐ Yes ☑ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

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

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

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

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

4. Self-identify.

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

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

7. Self-explanatory.

8. Self-explanatory.

Paperwork Burden Statement

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

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

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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

(Type or clearly print the following information:)

Applicant Name: City of St. Louis

Project Name: See attached list

Location of the Project: Scattered sites in St. Louis

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

Name of Certifying Jurisdiction: City of St. Louis

Certifying Official of the Jurisdiction Name: Francis G. Slay

Title: Mayor

Signature: Francis G. Slay

Date: November 12, 2015

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

Project Names List

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

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

City of St. Louis

Program/Activity Receiving Federal Grant Funding

Department of Homeless Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

See Attached List

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

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

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

Name of Authorized Official	Title
Francis G. Slay	Mayor

Signature	Date
X Francis G. Slay	November 12, 2015

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

FY2015 Continuum of Care

City of St. Louis Drug Free Workplace Sites

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

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

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

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

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

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

Congressional District, *if known*: MO-001

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

Congressional District, *if known*:

6. Federal Department/Agency:
HUD

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

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

9. Award Amount, *if known*:
$

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

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

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

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

Federal Use Only:

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

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

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

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

2. Identify the status of the covered Federal action.

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

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

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

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

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

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

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

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

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

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

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

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

Project Names List

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

Humanitri

REACHING OUT
WITH HELP AND HOPE

August 5, 2015

City of St. Louis, Homeless Services Division
Attention: Kiauna Carbin
1520 Market Street, Room 4065
St. Louis, MO 63103
Re: Transitional Housing Renewal/Match Requirement

Dear Kiauna,

Humanitri has pledged a renewal contract match of $41,551
.00 over 12 months. Below please find the information regarding the source, availability and use of this match.

Match Available Dates:
$3,462.58 per month which totals 40,882.00 beginning 7/1/16 and ending 6/30/17.

Match Source:
United Way Funding of $3,406.83 per month 7/1/16 through 12/31/16 through existing contract totalling $ 20,775.50 . For the period 1/1/17 through 6/30/17, the amount of $20,775.50 will be available through a United Way renewal contract or Humanitri funds should the United Way fall through for any unforseen reason.

Activities/Services Funded by Match:
The matching funds cover allowable contract expenses which exceed the amount of funds available in the contract. These funds cover expenses such as utilities for the houses and personnel required to carry out the contract.

I hope this fully addresses the concerns listed. If there are questions, please call me directly at 314-249-5551.

Sincerely,

Sharon Rohrbach, Interim Executive Director

1447 East Grand Ave
St. Louis MO 63107

BBB

Proud member of
United Way of Greater St. Louis

ST. LOUIS CITY
Continuum of Care
HOPE IS MOVING IN

Humanitri

REACHING OUT
WITH HELP AND HOPE

October 20th, 2015

St. Louis City Division of Homeless Services
1520 Market, Suite 4062
St. Louis, MO 63102
Attn. Ms. Kiauna Carbin

RE: Leveraging dollars/CoC Grant Application

Humanitri will be utilizing the following in regard to leveraging dollars:
(HUD award 163,526.00 x 1.5 = 245,289.00)

- $10,562.50- St. Louis Area Food Bank
- $48,330.00- St. Patrick's Center Employment Services
- $80,616.00- Participant non-cash benefits
- $367,700.00- In-kind value of our homes

The participants' copies of their non-cash benefit letters are locked in a file cabinet at our office site. I have not attached them due to their names being on their documents.

Please feel free to contact me if needed. I may be reached at (314) 772-7720 ext. 20.

Sincerely,

Sharon Rohrbach/Interim Executive Director

1447 East Grand Ave
St. Louis MO 63107

BBB

Proud member of
United Way of Greater St. Louis

ST. LOUIS CITY
Continuum of Care
HOPE IS MOVING IN

Foodbank
St. Louis Area Foodbank

October 20th, 2015

This constitutes a working agreement between:

Humanitri
1447 E. Grand
St. Louis, MO 63107

St. Louis Area Food Bank
70 Corporate Woods Drive
Bridgeton, MO 63044

Both the St. Louis Area Food Bank and Humanitri work together to address issues of homelessness in the St. Louis Region.

Often times, clients are in need of supportive services in the area of food supply. It is critical that our families receive the necessary services they need in regard to feeding their families.

The Food Bank estimates that we will be serving up to 25 Humanitri clients at the following calculations:

250lbs x 1.69 x 25 clients= 10,562.50.

We are proud to work collaboratively with Humanitri in order that the families will be able to fully concentrate on moving forward into permanent housing.

James Eschen

Food Bank Director of Programs

Date 10/27/15

Kim Anderson

Date 10/27/15

ST. PATRICK
CENTER

BOARD OF DIRECTORS

[illegible]

[illegible] L. Del Conte
[illegible]

[illegible]
[illegible]

[illegible]
[illegible]

Directors
[illegible] Ambrose
[illegible] D. Bingham
[illegible] A. Bollowski
[illegible] J. Carroll
[illegible] Castellano
[illegible] E. Coyle
[illegible] Cunnane Jr
[illegible] Doyle
[illegible] Erard
[illegible] Jenkerson
[illegible] P. Rudy Keeney
[illegible] Kowal
[illegible] Lombardo
[illegible] McGrath
[illegible] W. Miller
[illegible] Owens
[illegible] Pilgrim
[illegible] J. Pichler Jr
[illegible] Pichler
[illegible] Quinn
[illegible] Rebmann
[illegible] Rubicko
[illegible] Schewe
[illegible] Cunnane Stolzlemann
[illegible] Summer
[illegible] Wenk

[illegible]
[illegible]

[illegible] Paradis
[illegible]

[illegible]
[illegible]

EXECUTIVE OFFICERS

[illegible] Phillips
[illegible]

[illegible] Wood
[illegible]

[illegible]
[illegible]

[illegible]
[illegible]

October 20th, 2015

This constitutes a working agreement between:

Humanitri
1447 E. Grand
St. Louis, MO 63107

St. Patrick's Center
800 N. Tucker
St. Louis, MO 63101

Both the St. Patrick's Center and Humanitri work together to address issues of homelessness in the St. Louis Region.

Often times, clients are in need of employment services. It is critical that the clients receive employment services in order that they may obtain and maintain income to remain permanently housed and not return to homelessness.

St. Patrick's Center estimates that we will serve up to 10 Humanitri clients at the following calculations:

10 clients at $4,833.00 = $48,330.00 over a 9 month period.

We are proud to work collaboratively with Humanitri in order that the families will be able to fully concentrate on moving forward into permanent housing.

St. Patrick's Center Chief Program Officer
Date 10/20/15

Kim Anderson
Kim Anderson
Date 10/20/15

City of St. Louis, MO

Home » data » Address and Property Information Search

Address & Property Search

Your search for **2104 ALICE AV** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	35440001400
Neighborhood	68 - O'Fallon
Ward:	21 - Antonio D French
Land use:	two family unit
Property description: Not meant for use in recorded legal documents	C. B. 3544 ALICE 32 FT 1 1/2 IN X 100 FT GREEN BERRY ADDN LOTS W-29 & E-30

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63107
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	1120 S 6TH ST STE 120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	35440001400
Property address:	2104 ALICE AV
Year built	1901

Images

No images found

Parcel Information

Condominium:	0
Number of units:	2
Frontage:	32.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C. B. 3544 ALICE 32 FT 1 1/2 IN X 100 FT GREEN BERRY ADDN LOTS W-29 & E-30

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$300.00
Assessed improvements:	$3,880.00
Assessed total:	$4,180.00
Appraised total:	$22,000.00

Land Use Information

Class code:	Exempt
Land use:	two family unit
Zoning:	B. Two Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$300.00
Assessed improvements:	$3,880.00
Assessed total:	$4,180.00
Appraised total:	$22,000.00

Sale Information

Sales date:	04/13/1982
Sales price:	$7,145.00
Book Location (Recorder of Deeds Data)	
Daily date:	10/16/2002

Sales History

City of St. Louis, MO

Home - data - Address and Property Information Search

Address & Property Search

Your search for **2106 ALICE AV** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	35440001300
Neighborhood	68 - O'Fallon
Ward:	21 - Antonio D French
Land use:	two family unit
Property description: Not meant for use in recorded legal documents	C. B. 3544 ALICE AVE 26 FT X 120 FT GREEN & BERRYS ADDN LOTS 31 W 30

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☐ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63107
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	1120 S 6TH ST STE 120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	35440001300
Property address:	2106 ALICE AV
Year built	1892

Images

No images found

Parcel Information

Condominium:	0
Number of units:	2
Frontage:	26.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C. B. 3544 ALICE AVE 26 FT X 120 FT GREEN & BERRYS ADDN LOTS 31 W 30

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2016 Assessed Values

Assessed land:	$250.00
Assessed improvements:	$1,860.00
Assessed total:	$2,110.00
Appraised total:	$11,100.00

Sale Information

Sales date:	
Sales price:	
Book Location (Recorder of Deeds Data)	
Daily date:	10/16/2002

Land Use Information

Class code:	Exempt
Land use:	two family unit
Zoning:	B. Two Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$250.00
Assessed improvements:	$1,860.00
Assessed total:	$2,110.00
Appraised total:	$11,100.00

Sales History

No records found

City of St. Louis, MO

Home • data • Address and Property Information Search

Address & Property Search

Your search for **3005 MINNESOTA AV** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	14540003300
Neighborhood	25 - Tower Grove East
Ward:	6 - Christina Iorgasso
Land use:	single family units
Property description: Not meant for use in recorded legal documents	C.B. 1454 MINNESOTA 25 FT X 125 FT ARSENAL HTS ADDN LOT 22

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Texes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63118
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	1120 S 6TH ST STE 120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	14540003300
Property address:	3005 MINNESOTA AV
Year built	1904

Images

3005 MINNESOTA 6/25/11

3005 MINNESOTA 6/25/11

3005 MINNESOTA 6/25/11

3005 MINNESOTA 6/25/11

3005 MINNESOTA 6/25/11

Parcel Information

Condominium:	0
Number of units:	1
Frontage:	25.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C.B. 1454 MINNESOTA 25 FT X 125 FT ARSENAL HTS ADDN LOT 22

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Land Use Information

Class code:	Exempt
Land use:	single family units
Zoning:	B. Two Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Assessment Information

Current 2015 Assessed Values		Prior Assessed Values	
Assessed land:	$1,670.00	Assessed land:	$1,670.00
Assessed improvements:	$6,250.00	Assessed improvements:	$6,250.00
Assessed total:	$7,920.00	Assessed total:	$7,920.00
Appraised total:	$41,700.00	Appraised total:	$41,700.00

Real Estate Information

Ownership, Legal and Assessments

2006 ELDREDGE AVE, SAINT LOUIS, MO 63136

Ownership and Legal Information: 13G321481 - 2015

Locator No.	Tax Year	Tax District	City Code	Site Code	Destination Code
13G321481	2015	114A	031	0760	

Owner's Name:	Good Samaritan Service Center For The Ho
Taxing Address:	2006 Eldredge Ave Saint Louis, MO 63136
Care-Of Name:	Humaniti
Mailing Address:	1120 South 6Th St Suite 120 Saint Louis, MO 63104
Subdivision Book - Page:	
Assessor's Book - Page:	01 - 0051
City Name:	Jennings
Subdivision Name:	Queen Place
Legal Description:	Lot Pts 2 & 3 Important: This is a brief legal description and is not meant for use in recorded legal documents.

Lot Number:		Block Number:	4
Lot Dimensions:	0030 / 0030 - 0115 / 0116	Total Acres:	0.08
Tax Code - Description:	X - Charitable (Tax Exempted)	Land Use Code:	110
Deed Document Number:	2002101601590	Deed Type:	WD
Deed Book and Page:	Book: 14228 Page: 2030	Trash District:	Not Applicable
Deed Index List:	View Deed Index Information Recorded With Locator Number 13G321481		
School District:	Jennings	County Council District:	1

Assessment Information: 13G321481 - All Available Years

Year	Property Class	Appraised Values Land	Appraised Values Improv.	Appraised Values Total	%	Assessed Values Land	Assessed Values Improv.	Assessed Values Total
2015	Residential:	6,800	26,400	33,200	19%	1,290	5,020	6,310
	Agriculture:				12%			
	Commercial:				32%			
	Total:	6,800	26,400	33,200		1,290	5,020	6,310
2014	Residential:	8,200	31,100	39,300	19%	1,560	5,910	7,470
	Agriculture:				12%			
	Commercial:				32%			
	Total:	8,200	31,100	39,300		1,560	5,910	7,470
2013	Total:	8,200	31,100	39,300		1,560	5,910	7,470
2012	Total:	6,800	32,500	39,300		1,290	6,180	7,470
2011	Total:	6,800	32,500	39,300		1,290	6,180	7,470
2010	Total:	7,100	34,000	41,100		1,350	6,460	7,810
2009	Total:	7,100	34,000	41,100		1,350	6,460	7,810
2008	Total:	7,100	55,400	62,500		1,350	10,530	11,880
2007	Total:	7,100	55,400	62,500		1,350	10,530	11,880
2006	Total:	5,100	27,700	32,800		970	5,260	6,230
2005	Total:	5,100	27,700	32,800		970	5,260	6,230
2004	Total:	5,100	27,700	32,800		970	5,260	6,230

Information on this page is current as of Tuesday, October 27, 2015.

City of St. Louis, MO

Home · data · Address and Property Information Search

Address & Property Search

Your search for **4204-4206 W PAGE BLVD** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	37450002000
Neighborhood	58 - Vandeventer
Ward:	4 - Samuel L Moore
Land use:	four family unit
Property description: Not meant for use in recorded legal documents	C.B.3745 PAGE 50 FT X 165 FT BEARDSLEE ADDN LOT 36

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63111
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	1120 S 6TH ST STE 120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	37450002000
Property address:	4204 W PAGE BLVD
Year built	1898

Images

4204 W PAGE 5/25/12

4204 W PAGE 5/25/12

Parcel Information

Condominium:	0
Number of units:	4
Frontage:	50.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C.B.3745 PAGE 50 FT X 165 FT BEARDSLEE ADDN LOT 36

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$1,200.00
Assessed improvements:	$3,420.00
Assessed total:	$4,620.00
Appraised total:	$24,300.00

Sale Information

Sales date:	03/19/1985

Land Use Information

Class code:	Exempt
Land use:	four family unit
Zoning:	C. Multiple Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$1,200.00
Assessed improvements:	$3,420.00
Assessed total:	$4,620.00
Appraised total:	$24,300.00

City of St. Louis, MO

Home » data » Address and Property Information Search

Address & Property Search

Your search for **3247 DELOR ST** | New Search

Basic Info

Owner name:	LUTHERAN FAMILY & CHILDERN SERVICES
Parcel	27610003000
Neighborhood	16 - Dutchtown
Ward:	25 - Shane Conn
Land use:	two family unit
Property description: Not meant for use in recorded legal documents	C B 2761 DELOR 34 FT 6 1/8 IN / 23 FT 1 7/8 IN X 112 FT 9 IN / 113 FT 3 3/4 IN VASQUEZ HTS ADDN LOT 16

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63111
Owner name:	LUTHERAN FAMILY & CHILDERN SERVICES
Owner mailing address:	1120 S 6TH ST #120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	27610003000
Property address:	3247 DELOR ST
Year built	1925

Images

No images found

Parcel Information

Condominium:	0
Number of units:	2
Frontage:	35.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C B 2761 DELOR 34 FT 6 1/8 IN / 23 FT 1 7/8 IN X 112 FT 9 IN / 113 FT 3 3/4 IN VASQUEZ HTS ADDN LOT 16

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$990.00
Assessed improvements:	$11,250.00
Assessed total:	$12,240.00
Appraised total:	$64,400.00

Land Use Information

Class code:	Exempt
Land use:	two family unit
Zoning:	B, Two Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$990.00
Assessed improvements:	$11,250.00

City of St. Louis, MO

Home » data » Address and Property Information Search

Address & Property Search

Your search for **5849 MAFFITT AV** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	60970003400
Neighborhood	59 - Walls / Goodfellow
Ward:	22 - Jeffrey L. Boyd
Land use:	two family unit
Property description: Not meant for use in recorded legal documents	C. B. 6097 MAFFITT 33 FT X 125 FT 4 IN HAMILTON HTS 1ST ADDN BLOCK 2 LOT W-14

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63112
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	1120 S 6TH ST STE 120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	60970003400
Property address:	5849 MAFFITT AV
Year built	1927

Images

No images found

Parcel Information

Condominium:	0
Number of units:	2
Frontage:	33.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C. B. 6097 MAFFITT 33 FT X 125 FT 4 IN HAMILTON HTS 1ST ADDN BLOCK 2 LOT W-14

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$480.00
Assessed improvements:	$3,170.00
Assessed total:	$3,650.00
Appraised total:	$19,200.00

Land Use Information

Class code:	Exempt
Land use:	two family unit
Zoning:	C. Multiple Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$480.00
Assessed improvements:	$3,170.00
Assessed total:	$3,650.00
Appraised total:	$19,200.00

Sale Information

Sales date:

Sales price:

Book Location (Recorder of Deeds Data)

Sales History

City of St. Louis, MO

Home > data > Address and Property Information Search

Address & Property Search

Your search for **2112-2114 RUSSELL BLVD** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	13430000300
Neighborhood	23 - McKinley Heights
Ward:	7 - Jack Coatar
Land use:	four family unit
Property description: Not meant for use in recorded legal documents	C.B.1343 RUSSELL 40 FT X 142 FT ALLENS LAFAYETTE PARK ADDN LOT E-14 & W-15

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63104
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	2108 RUSSELL BLVD
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	13430000300
Property address:	2112 RUSSELL BLVD
Year built	1950

Images

No images found

Parcel Information

Condominium:	0
Number of units:	4
Frontage:	40.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C.B.1343 RUSSELL 40 FT X 142 FT ALLENS LAFAYETTE PARK ADDN LOT E-14 & W-15

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$2,660.00
Assessed improvements:	$11,550.00
Assessed total:	$14,210.00
Appraised total:	$74,800.00

Land Use Information

Class code:	Exempt
Land use:	four family unit
Zoning:	C, Multiple Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$2,660.00
Assessed improvements:	$11,550.00
Assessed total:	$14,210.00
Appraised total:	$74,800.00

Sale Information

Sales date:	10/04/1991
Sales price:	$48,000.00
Book Location (Recorder of Deeds Data)	
Daily date:	10/16/2002

Sales History

City of St. Louis, MO

Home » data » Address and Property Information Search

Address & Property Search

Your search for **4723 MICHIGAN AV** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	27600003000
Neighborhood	17 - Mount Pleasant
Ward:	9 - Kenneth Ortmann
Land use:	single family units
Property description: Not meant for use in recorded legal documents	C B 2760 MICHIGAN AV 25 FT X 128 FT 3 IN MT PLEASANT ADDN LOT 10

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Aldermen, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63111
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	1120 S 6TH ST STE 120
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	27600003000
Property address:	4723 MICHIGAN AV
Year built	1894

Images

No images found

Parcel Information

Condominium:	0
Number of units:	1
Frontage:	25.00 feet
Land area:	0
Property description: Not meant for use in recorded legal documents	C B 2760 MICHIGAN AV 25 FT X 128 FT 3 IN MT PLEASANT ADDN LOT 10

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$720.00
Assessed improvements:	$3,630.00
Assessed total:	$4,350.00
Appraised total:	$22,900.00

Land Use Information

Class code:	Exempt
Land use:	single family units
Zoning:	B. Two Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$720.00
Assessed improvements:	$3,630.00
Assessed total:	$4,350.00

Sale Information

City of St. Louis, MO

Home > data > Address and Property Information Search

Address & Property Search

Your search for **3645-3651 TEXAS AV** | New Search

Basic Info

Owner name:	GOOD SAMARITAN SERVICE CENTER
Parcel	16470001000
Neighborhood	19 - Gravois Park
Ward:	20 - Cara Spencer
Land use:	four family unit
Property description: Not meant for use in recorded legal documents	C. B. 1647 WINNEBAGO 76 FT 2 IN X 173 FT ST LOUIS COMS ADDN LOT E 10-16

Change Selections

Which categories would you like to see?

- ☑ Real Estate and Property Information
  Taxes, valuation, assessment, sales info, land use
- ☑ Boundary & Geography
  Maps, neighborhood, ward, blocks, zones, districts
- ☐ Residential Services
  Neighborhood, ward, emergency services, schools, voting
- ☑ Trash and Maintenance
  Refuse, recycling, seasonal cleanup
- ☐ Contacts and Elected Officials
  Alderman, NSO, local and state representatives

Change Selections

Real Estate and Property Info

Property Information

Zip code:	63118
Owner name:	GOOD SAMARITAN SERVICE CENTER
Owner mailing address:	2108 RUSSELL BLVD
City/state/zip:	ST LOUIS,MO 63104
Parcel number:	16470001000
Property address:	2627 WINNEBAGO ST *Alternate addresses associated with this parcel
Year built	1965

Images

No images found

Parcel Information

Condominium:	0
Number of units:	4
Frontage:	n/a
Land area:	13183
Property description: Not meant for use in recorded legal documents	C. B. 1647 WINNEBAGO 76 FT 2 IN X 173 FT ST LOUIS COMS ADDN LOT E 10-16

The assessed value reflects the parcel/property as it existed on January 1 of the appropriate assessment year. Any changes made to the parcel/property after January 1st will be reflected after the next reassessment of the property.

Assessment Information

Current 2015 Assessed Values

Assessed land:	$3,630.00
Assessed improvements:	$6,650.00
Assessed total:	$10,280.00
Appraised total:	$54,100.00

Land Use Information

Class code:	Exempt
Land use:	four family unit
Zoning:	B. Two Family Residential
Redevelopment code:	n/a
Vacant lot:	unknown

Prior Assessed Values

Assessed land:	$3,630.00
Assessed improvements:	$6,650.00
Assessed total:	$10,280.00
Appraised total:	$54,100.00

Sale Information

Sales date:	
Sales price:	
Book Location (Recorder of Deeds Data)	
Daily date:	10/16/2002

Sales History

No records found