

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2024 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/09/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. **Legal Name:** Southwest Center for Independent Living
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 43-1383616
- c. **Unique Entity Identifier:** HD53C6HKD7K6

### d. Address

**Street 1:** 1450 W Cambridge St  
**Street 2:**  
**City:** Springfield  
**County:** Greene  
**State:** Missouri  
**Country:** United States  
**Zip / Postal Code:** 65807

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Ms.  
**First Name:** Shelby  
**Middle Name:**  
**Last Name:** Butler  
**Suffix:**  
**Title:** Director of IL Services and Public Policy  
**Organizational Affiliation:** Southwest Center for Independent Living  
**Telephone Number:** (417) 886-1188  
**Extension:** 214

**Fax Number:** (417) 886-3619

**Email:** sbutler@empowerabilities.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**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-6800-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: FY 2024 CoC Program New Project

16. Congressional District(s):

16a. Applicant: MO-007

16b. Project: MO-007  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 10/01/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? c. Program is not covered by E.O. 12372.

## 1F. SF-424 Declaration

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:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Shannon

**Middle Name:**

**Last Name:** Porter

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (417) 866-1188  
(Format: 123-456-7890)

**Fax Number:** (417) 886-3619  
(Format: 123-456-7890)

**Email:** sporter@empowerabilities.org

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

**Date Signed:** 10/09/2024



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Southwest Center for Independent Living  
**Prefix:** Ms.  
**First Name:** Shannon  
**Middle Name:**  
**Last Name:** Porter  
**Suffix:**  
**Title:** Chief Executive Officer  
**Organizational Affiliation:** Southwest Center for Independent Living  
**Telephone Number:** (417) 866-1188  
**Extension:** 229  
**Email:** sporter@empowerabilities.org  
**City:** Springfield  
**County:** Greene  
**State:** Missouri  
**Country:** United States  
**Zip/Postal Code:** 65807

**2. Employer ID Number (EIN):** 43-1383616

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received: \$132,882.00**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

1. Are you applying for assistance for a specific project or activity? **Yes**  
(For further information, see 24 CFR Sec. 4.3).

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. **No**

**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/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X
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**Name / Title of Authorized Official:** Shannon Porter, Chief Executive Officer

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

**Date Signed:** 10/09/2024

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Southwest Center for Independent Living  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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.	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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

## 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.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Shannon

**Middle Name**

**Last Name:** Porter

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (417) 866-1188  
**(Format: 123-456-7890)**

**Fax Number:** (417) 886-3619  
**(Format: 123-456-7890)**

**Email:** sporter@empowerabilities.org

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

**Date Signed:** 10/09/2024

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person 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 this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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)**

**Applicant's Organization:** Southwest Center for Independent Living

**Name / Title of Authorized Official:** Shannon Porter, Chief Executive Officer

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

**Date Signed:** 10/09/2024

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "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."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Southwest Center for Independent Living  
**Street 1:** 1450 W Cambridge St  
**Street 2:**  
**City:** Springfield  
**County:** Greene  
**State:** Missouri  
**Country:** United States  
**Zip / Postal Code:** 65807

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.

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Shannon

**Middle Name:**

**Last Name:** Porter

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (417) 866-1188  
**(Format: 123-456-7890)**

**Fax Number:** (417) 886-3619  
**(Format: 123-456-7890)**

**Email:** sporter@empowerabilities.org

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

**Date Signed:** 10/09/2024

# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Southwest Center for Independent Living  
**Prefix:** Ms.  
**First Name:** Shannon

**Middle Name:**

**Last Name:** Porter

**Suffix:**

**Title:** Chief Executive Officer

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

**Date Signed:** 10/09/2024

## 1L. SF-424D

Are you requesting CoC Program funds for No  
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

**1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.**

Empower: abilities receives federal funding through Missouri’s Vocational Rehabilitation Services to support our core services, which include Independent Living Skills, Information and Referral, Transition (Youth and Nursing Home), Advocacy, and Peer Support. These essential services are central to our mission as a Center for Independent Living, where we strive to remove barriers and empower individuals with disabilities to live independently. Currently, the federal funds allocated for these services total less than \$750,000.

Empower: abilities has over a decade of proven experience working with marginalized and minority populations, providing housing assistance evidenced by our involvement in the following programs and initiatives. In the last 12 months we have provided 1152 unique services in the area of housing.

Empower: abilities holds a contract with the State of Missouri to provide nursing home transition services across a 28 county region of Southwest Missouri. The Show Me Home Program is a federally funded program through the Centers for Medicaid and Medicare Services with an objective of advancing long-term services and supports (LTSS) system reform and to facilitate successful transitions from institutional to community-based settings for Medicaid-eligible individuals. Our role includes assisting individuals transitioning out of Skilled Nursing Facilities, providing essential support through grant funds. Services include: identifying and securing appropriate housing for the individual to meet their access needs and budget, assisting in the relocation of the individual including transportation and assistance in establishing utility services and signing the rental or lease agreement and setting up the new household. We ensure that all essential items are purchased and the individual has established community health services to maintain their wellbeing post-transition. After the individual has transitioned to community living, we provide ongoing support and case management services for a minimum of 12 months to ensure successful deinstitutionalization and community integration. Over the last 3 years we have assisted 50 individuals in our local area move back into our community through the Show Me Home Program.

Empower: abilities provides free Housing Resources across 8 our county service area, addressing housing related inquiries, particularly for individuals at risk of homelessness or those who have recently lost their homes. Our Capacity Building and Community Engagement is demonstrated through staff participation in HUD training and housing-related workshops, enhancing our ability to provide accessible and affordable housing solutions.

Our organization has over 20 years of experience addressing housing issues for individuals with disabilities; including active participation in local housing initiatives: participation in the Community Partnership of the Ozarks Housing Collaborative including three subcommittees: landlord/tenant education, advocacy, and universal design. We maintain regular engagement with community partners to address and mitigate housing barriers for individuals with disabilities in our regions. Our Community Outreach and Education activities include a recently hosted Housing Crisis Forum where regional housing challenges were highlighted, potential solutions were explored, community was educated on housing issues, and voices of those with lived experience were amplified.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**



Empower: abilities strategically leverages a diverse range of funding to provide comprehensive housing support for our clients. We focus on delivering essential services to every project participant, including access to employment counseling, benefits advocacy, and case management. Our employment services are billable through federal funding, and our Transition Program, which helps Medicaid recipients move out of nursing facilities, has historically been funded by the Missouri Department of Health and Senior Services. We also offer critical disability-specific services, such as durable medical equipment, assistive technology, and attendant care services. These resources are vital for enhancing independence and quality of life for people with disabilities, ultimately helping them maintain stable housing. These services are funded by state and local resources.

Our strategy includes tapping into a robust network of community resources to meet diverse client needs. We are dedicated to empowering clients across the Continuum of Care (CoC) counties by actively supporting their applications for Section 8, public housing, Empower: abilities MHDC referral units, and project-based voucher programs like the Housing Authority of Springfield. Our collaboration with landlords further ensures that transitional housing clients secure stable, suitable accommodations.

Additionally, we proactively connect clients—particularly those over 60—with critical resources from community agencies like SeniorAge. These partnerships expand our capacity to assist with rental payments, moving costs, and deposit support, addressing key financial barriers to housing stability.

By leveraging these non-CoC-funded resources, we create a holistic support system that addresses both immediate housing needs and the underlying causes of housing instability. Through this strategic integration of diverse resources, we aim to build a stronger, more resilient support network, maximizing the impact of our housing interventions and fostering long-term stability for our clients. Empower: abilities maximizes available resources through fundraising, and local, state, and federal funding to further this mission.

**3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

Since 1985, Empower: abilities has been a cornerstone in Southwest Missouri, committed to breaking down barriers and promoting independent living for individuals with disabilities. Over the years, we have developed a deep understanding of the interconnected challenges of disability and homelessness, and our services are designed to address these complexities in a meaningful and sustainable way.

At the heart of our success is a strong financial management structure that ensures the long-term viability of our initiatives. With an annual revenue of \$7.8 million, we have demonstrated not only our ability to manage large-scale programs but also to align them with our mission. Through prudent financial stewardship, we have built a reserve fund of \$1.8 million, which serves as a safeguard, providing financial flexibility to cover any funding gaps and ensure the continuous operation of our services.

Our financial strength is a reflection of our organizational commitment to the community and our capacity to deliver lasting impact. This project's initial funding will act as a strategic investment, allowing us to expand and enhance our services, particularly in housing, while continuing to build a solid foundation for future growth and success. Our financial management practices ensure that every dollar is leveraged for maximum benefit, driving both immediate outcomes and long-term sustainability.

**4. Are there any unresolved HUD monitoring or  
OIG audit findings for any HUD grants (including  
ESG) under your organization?** No

### 3A. Project Detail

- 1. **CoC Number and Name:** MO-600 - Springfield/Greene, Christian, Webster Counties CoC
- 2. **CoC Collaborative Applicant Name:** City of Springfield MO
- 3. **Project Name:** FY 2024 CoC Program New Project
- 4. **Project Status:** Standard
- 5. **Component Type:** PH
  - 5a. **Select the type of PH project:** PSH
- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
- 9. **Will this project include replacement reserves in the Operating budget?** No
- 10. **Is this project applying for Rural costs on screen 6A?** No

### 3B. Project Description

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

Our project addresses the complex needs of underserved populations, including those with histories of victimization, criminal backgrounds, substance use disorders, mental health challenges, and chronic homelessness. We employ a Housing First Approach, prioritizing immediate access to permanent housing without preconditions. This evidence-based model recognizes housing stability as the foundation for addressing other life challenges, effectively. Trauma-informed care is central to our service delivery, ensuring all staff understand trauma’s impact and provide support that promotes healing while avoiding re-traumatization. This approach is vital for survivors of domestic violence, sexual assault and those with complex victimization histories. For individuals with criminal histories, we collaborate with local re-entry programs and legal aid services to tackle housing and employment barriers. Our case management team is specially trained to navigate the unique challenges this population faces, including housing restrictions and potential discrimination. To support those with substance use disorders and mental health challenges, we forge strong partnerships with local treatment providers, recovery support services, and mental health clinics. Our case managers facilitate access to appropriate care, medication management, and ongoing support, promoting housing stability while addressing co-occurring issues. Chronically homeless individuals receive intensive, long-term support to transition into and maintain permanent housing. This includes life skills training, budgeting assistance, and continuous supportive services to address the complex factors contributing to prolonged homelessness. We also host regular housing groups, once or twice monthly, focusing on trending issues within the Continuum of Care (CoC) counties. These forums allow clients to discuss challenges, share resources, and learn about housing rights and responsibilities, covering topics such as tenant rights, fair housing laws, budgeting, and strategies for maintaining housing stability. By integrating Housing First principles, trauma-informed care, targeted case management, and community education, we strive to effectively serve these underserved populations and support their journey towards stable, sustainable housing.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	270			
Begin program participant enrollment	180			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	270			

Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input checked="" type="checkbox"/>

Other: people with disabling conditions

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

5d. Will the project follow a "Housing First" approach? Yes  
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

**8. Is this project 100% Dedicated or DedicatedPLUS  
DedicatedPLUS?**

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No  
renewal project?



## 4A. Supportive Services for Participants

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

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

15

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

Empower: abilities staff are experienced in assisting clients to determine eligibility for benefits and providing application support. Our trained team assists clients identify and apply for essential benefits, including SSI/SSDI, SNAP, and Medicaid/Medicare; providing guidance throughout the application process, ensuring all necessary documentation is compiled and submitted correctly. In addition we actively advocate on behalf of clients with relevant agencies with needed, addressing any issues or delays in benefit acquisition. Our ongoing support helps clients maintain benefits and navigate any changes in eligibility, should they occur. This focused approach will maximize our client’s access to crucial benefits, supporting their journey towards self-sufficiency and stable housing.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	Weekly
Food	Applicant	Weekly
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Partner	As needed

Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	As needed

**Identify whether the project will include the following activities:**

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **Yes**

## 4B. Housing Type and Location

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

Total Units: 15

Total Beds: 15

Total Dedicated CH Beds: 15

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	15	15	15

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 15

b. **Beds:** 15

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 15

This includes both the “dedicated” and “prioritized” beds.

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 1450 W Cambridge

**Street 2:**

**City:** Springfield

**State:** Missouri

**ZIP Code:** 65804

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

294884 Springfield

## 5A. Project Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		15		15
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		15		15
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	15	0	15

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24						5		8	2	
Persons ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	5	0	8	2	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

\* 5. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>



The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) Yes



**6a. Select the number of additional months requested for the initial grant term:** 18 months

## 6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$98,064
Grant Term:	1 Year
Total Request for Grant Term:	\$98,064
Total Units:	12

The number of beds for which funding has been requested in the Rental Assistance budget is 12.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MO - Springfield, MO HUD Metro FMR Ar...	12	\$98,064

## Rental Assistance Budget Detail

**Instructions:**

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

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

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

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

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

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

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

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: MO - Springfield, MO HUD Metro FMR Area (2904399999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$507	x	12	=	\$0
0 Bedroom		x	\$676	x	12	=	\$0
1 Bedroom	12	x	\$681	x	12	=	\$98,064

2 Bedrooms		x	\$871	x	12	=	\$0
3 Bedrooms		x	\$1,225	x	12	=	\$0
4 Bedrooms		x	\$1,383	x	12	=	\$0
5 Bedrooms		x	\$1,590	x	12	=	\$0
6 Bedrooms		x	\$1,798	x	12	=	\$0
7 Bedrooms		x	\$2,005	x	12	=	\$0
8 Bedrooms		x	\$2,213	x	12	=	\$0
9 Bedrooms		x	\$2,420	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	12						\$98,064
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$98,064

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

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		\$0
2. Assistance with Moving Costs	box truck, mileage and gas including labor and furniture for 12 tenants	\$19,039
3. Case Management		\$0
4. Child Care		\$0
5. Education Services		\$0
6. Employment Assistance		\$0
7. Food		\$0
8. Housing/Counseling Services		\$0
9. Legal Services		\$0
10. Life Skills		\$0
11. Mental Health Services		\$0
12. Outpatient Health Services		\$0
13. Outreach Services		\$0
14. Substance Abuse Treatment Services		\$0
15. Transportation		\$0
16. Utility Deposits	utility deposit for 12 tenants	\$1,200
17. Operating Costs		\$0
<b>Total Annual Assistance Requested</b>		<b>\$20,239</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$20,239</b>

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

**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 in detail (e.g. .75 FTE hours and benefits for staff, utility types, 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. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	van maintenance and fuel	\$2,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		<b>\$2,000</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$2,000</b>

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

## 6H. HMIS Budget

**Instructions:**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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. For each grant year, enter the amount funds requested for each activity.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		\$0
2. Software		\$0
3. Services		\$0
4. Personnel	staff time to monitor HMIS and training	\$500
5. Space & Operations		\$0
<b>Total Annual Assistance Requested:</b>		\$500
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$500

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



# VAWA Budget

## VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$43,019
Total Amount of All Commitments:	\$43,019

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	Independent Livin...	\$43,019

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Government
- 3. **Name of Source:** Independent Living Grant through DESE  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$43,019

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$98,064	1 Year	\$98,064
4. Supportive Services (Screen 6F)	\$20,239	1 Year	\$20,239
5. Operating (Screen 6G)	\$2,000	1 Year	\$2,000
6. HMIS (Screen 6H)	\$500	1 Year	\$500
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$120,803
10. Admin (Up to 10% of Sub-total in #9)			\$12,079
11. HUD funded Sub-total + Admin. Requested			\$132,882
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$43,019
14. Total Match (From Screen 6I)			\$43,019
15. Total Project Budget for this grant, including Match			\$175,901

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Cox Healthcare Le...	09/25/2024
3) Other Attachment(s)	No	Affordable Homes ...	09/26/2024

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** Cox Healthcare Leverage Letter

## Attachment Details

**Document Description:** Affordable Homes leverage letter

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		



## Attachment Details

### Document Description:

## 7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Shannon Porter

**Date:** 10/09/2024

**Title:** Chief Executive Officer

**Applicant Organization:** Southwest Center for Independent Living

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

## 8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/24/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/25/2024
1E. SF-424 Compliance	09/25/2024
1F. SF-424 Declaration	09/25/2024
1G. HUD 2880	09/25/2024
1H. HUD 50070	09/25/2024
1I. Cert. Lobbying	09/25/2024
1J. SF-LLL	09/25/2024
IK. SF-424B	09/25/2024
1L. SF-424D	09/24/2024
2A. Subrecipients	No Input Required
2B. Experience	09/25/2024
3A. Project Detail	09/25/2024
3B. Description	09/25/2024
3C. Expansion	09/25/2024
4A. Services	09/25/2024
4B. Housing Type	09/25/2024
5A. Households	09/25/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/25/2024
6E. Rental Assistance	10/03/2024
6F. Supp Srvcs Budget	10/03/2024
6G. Operating	10/03/2024
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	10/18/2024

<b>6H. HMIS Budget</b>	10/03/2024
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	09/25/2024
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/26/2024
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/25/2024

September 23, 2024



# COXHEALTH FOUNDATION

empower: abilities  
1450 W Cambridge St.  
Springfield, MO 65807

To Whom It May Concern,

## **Re: Leverage Commitment Letter for 2024 HUD Continuum of Care (CoC) Application**

On behalf of CoxHealth via the CoxHealth Foundation, we are pleased to confirm our commitment to supporting empower: abilities in its efforts under the 2024 HUD Continuum of Care (CoC) program. As a provider of inpatient mental health and outpatient substance use disorder services, CoxHealth is committed to helping address the complex needs of the underserved populations served by empower: abilities, including those with histories of victimization, co-occurring mental health and chronic disease challenges, and chronic homelessness. These are all patient populations that have recurring visits to our ERs.

Our organization provides essential healthcare services that align with the trauma-informed care principles employed by empower: abilities. These services, which prioritize immediate access to care, are crucial for ensuring that participants receive the necessary support to maintain housing stability while addressing co-occurring issues such as mental health challenges and substance use disorders.

As part of our partnership with empower: abilities, CoxHealth will continue to provide healthcare services to all regardless of their ability to pay. This commitment includes the following services that CoxHealth provides:

- Substance use disorder treatment and recovery support
- Crisis intervention services
- Medication management
- Ongoing coordination with empower: abilities' case management team to ensure seamless service delivery

These services represent our partnership and commitment to supporting empower: abilities and the population of southwest Missouri in achieving the grant's objectives. We are confident that our combined efforts will improve the lives of the most vulnerable members of our community.

We look forward to continuing our collaboration with empower: abilities to promote housing stability and provide comprehensive, integrated care to those who need it most.

Sincerely,

Lisa Alexander, CFRE

President, CoxHealth Foundation

[Lisa.alexander@coxhealth.com](mailto:Lisa.alexander@coxhealth.com) 417-269-7109

# ***AFFORDABLE HOMES DEVELOPMENT, INC.***

901 ST. LOUIS STREET, SUITE 101  
SPRINGFIELD, MISSOURI 65806  
TELEPHONE: (417) 865-3321  
FAX: (417) 864-8001

September 25, 2024

HUD Continuum of Care

Re: empower:abilities  
Rental Assistance Grant

To whom it may concern:

On behalf of Affordable Homes Development, Inc., I am writing in support of empower:abilities' ("Empower") grant request for \$173,000.00 in Rental Assistance funds. As a developer of affordable housing in the area, I know firsthand how much these funds are needed. These funds will assist in paying a full year's rent for approximately fifteen individuals that are chronically homeless and disabled, and Empower will also be providing the case management for these individuals for a full year.

We have had a strong working relationship with Empower after multiple successful partnerships. We have a total of 22 Special Needs referral units at four of our affordable housing projects set aside for referrals from Empower. Those units are fully handicapped accessible, including roll-in showers, and Empower works closely with our property managers to ensure individuals with disabilities are referred to those units.

Please give this application careful consideration.

Sincerely,



Marie Carmichael  
President