

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.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to 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.
- 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. 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: 10/11/2024

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: Family Violence Center, Inc., d/b/a Harmony House

b. Employer/Taxpayer Identification Number (EIN/TIN): 43-1082063

c. Unique Entity Identifier: K7YXJGGYVHT7

d. Address

Street 1: 3404 E Ridgeview St

Street 2:

City: Springfield

County: Greene

State: Missouri

Country: United States

Zip / Postal Code: 65804

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: Megan

Middle Name:

Last Name: Garrett

Suffix:

Title: Grants Administrator

Organizational Affiliation: Family Violence Center, Inc., d/b/a Harmony House

Telephone Number: (417) 450-4251

Extension:

Fax Number: (417) 837-7707

Email: megang@myharmonyhouse.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: Harmony House Rapid Rehousing FY2024-DV Bonus 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: 09/30/2026

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? 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. 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: Mr.

First Name: Jared

Middle Name:

Last Name: Alexander

Suffix:

Title: Executive Director

Telephone Number: (417) 837-7700
(Format: 123-456-7890)

Fax Number: (417) 837-7707
(Format: 123-456-7890)

Email: jareda@myharmonyhouse.org

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

Date Signed: 10/11/2024

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: Family Violence Center, Inc., d/b/a Harmony House

Prefix: Mr.

First Name: Jared

Middle Name:

Last Name: Alexander

Suffix:

Title: Executive Director

Organizational Affiliation: Family Violence Center, Inc., d/b/a Harmony House

Telephone Number: (417) 837-7700

Extension:

Email: jareda@myharmonyhouse.org

City: Springfield

County: Greene

State: Missouri

Country: United States

Zip/Postal Code: 65804

2. Employer ID Number (EIN): 43-1082063

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$213,820.00

(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. **Yes**

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/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|--------------------|-----------------------------|-----------------------------------|
| HUD CoC-Ozarks Alliance to End Homelessness, 330 N Jefferson Ave, Springfield, MO 65806 | Grant | \$213,820.00 | DV Bonus Project- Rapid Rehousing |
| | | | |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? 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 |
|---|

Name / Title of Authorized Official: Jared Alexander , Executive Director

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

Date Signed: 10/11/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Family Violence Center, Inc., d/b/a Harmony House

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 |
|---|

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: Mr.

First Name: Jared

Middle Name:

Last Name: Alexander

Suffix:

Title: Executive Director

Telephone Number: (417) 837-7700
(Format: 123-456-7890)

Fax Number: (417) 837-7707
(Format: 123-456-7890)

Email: jareda@myharmonyhouse.org

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

Date Signed: 10/11/2024

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: Family Violence Center, Inc., d/b/a Harmony House

Name / Title of Authorized Official: Jared Alexander , Executive Director

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

Date Signed: 10/11/2024

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: Family Violence Center, Inc., d/b/a Harmony House

Street 1: 3404 E Ridgeview St

Street 2:

City: Springfield

County: Greene

State: Missouri

Country: United States

Zip / Postal Code: 65804

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: Mr.

First Name: Jared

Middle Name:

Last Name: Alexander

Suffix:

Title: Executive Director

Telephone Number: (417) 837-7700
(Format: 123-456-7890)

Fax Number: (417) 837-7707
(Format: 123-456-7890)

Email: jareda@myharmonyhouse.org

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

Date Signed: 10/11/2024

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: Family Violence Center, Inc., d/b/a Harmony House

Prefix: Mr.

First Name: Jared

Middle Name:

Last Name: Alexander

Suffix:

Title: Executive Director

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

Date Signed: 10/11/2024

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 | | |

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.

Harmony House has extensive experience effectively utilizing federal funds to provide transitional housing and rapid rehousing projects for domestic violence victims. Harmony House established a Transitional Housing program through Office on Violence Against Women (OVW) in 2022, and has utilized that program to successfully provide six to twenty-four months of rent and utility assistance for high-barrier clients. From 2018 through 2024 Harmony House received DV Bonus Funding to provide Rapid Rehousing assistance to domestic violence victims within the CoC service area. This project was renewed four times with project expansion in 2022 that provided the addition of supportive services to the project.

This new project will provide Rapid Rehousing assistance to domestic violence victims in the CoC service area. Buildout of the project with both program and administrative staff has included a deep dive to focus on creating a new project that utilizes funding in a way that best suites the unique needs of domestic violence victims. Considerations have been taken to ensure that requests for supportive services are adequate in correlation to rental assistance to provide the most stability and best outcomes for clients. Harmony House has carefully evaluated prior wins and gains of housing programs to ensure that this program is best aligned with community needs.

Finally, Harmony House has a long history of effectively utilizing other types of federal funding, including FEMA Emergency Food and Shelter Program funding, DSS’s VOCA program, DSS’s TANF program funding, MO DMH CACFP funding, ESG, Department of Economic Development ARPA funding, and CDBG funding through the City of Springfield. Harmony House has consistently and successfully passed any requited monitoring, audits, and site visits for each of these programs.

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

Harmony House has vast experience leveraging both grant and donor funds to expand or enhance victims' services. Harmony House's 2024 annual budget includes a projection of forty-two percent donor and private gift funding utilization. Prior history of major giving included \$500,000 private gift that was subsequently leveraged to complete a \$6.1 million campaign for construction of our new facility in 2017. Since movement to the new building in 2017, Harmony House has continued to see provision of large private donor and foundation funding to support operations. In early 2024, Harmony House received a private foundation grant of \$66,000 to support the Family Advocacy Program within shelter.

In 2018, Harmony House leveraged a land gift valued at \$250,000 to support a partnership between Harmony House and a local developer to build the first permanent housing apartment complex designed specifically for domestic violence victims. These apartments, called Talia Apartments, consist of 18 safe, furnished units with supportive services provided directly onsite by an experienced case manager, who continues to be funded by the Vecino Group partnership. Utilization of the 18 domestic violence units has provided Harmony House with greater options for safely housing clients in both Rapid Rehousing and Transitional Housing programs.

Finally, in 2023 and 2024 Harmony House has utilized a collective of four private Foundation gifts and a grant through Children's Trust Fund to provide substantial updates, technology replacements, and safety and security upgrades to shelter and all programs. The utilization of this collective funding has ensured that our shelter and programs continue to be poised for success and growth. These are just three notable examples of the many ways in which Harmony House regularly leverages funding to support domestic violence victims in innovative ways.

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

Harmony House is a nonprofit organization that is led by an Executive Director with governance and fiduciary oversight provided by a volunteer Board of Directors. The current Executive Director has been with Harmony House for five years, and has extensive background and understanding in leadership and fundraising development. The ED and Board of Directors meet on a monthly basis to review financials and provide oversight to the organization. The Executive Committee of the Board also meets monthly with the Executive Director. At each of these meetings, a detailed financial report is prepared and reviewed, including a balance sheet, profit and loss statement, and income and expense report. These reports are also reviewed monthly by the ED and Treasurer of the Board.

Harmony House additionally has a full-time Grants Administrator who works closely with the Executive Director and Finance Team to manage grant contracts and oversee compliance requirements. Additionally, the organization works with a grant consulting firm to provide support and guidance on grant-related applications and contractual implementation.

Harmony House utilizes two software programs to manage grant activities, client services, and finances. Harmony House utilizes and HMIS-comparable, cloud-based database called VELA to collect, monitor, and report all client demographic data and service information. Harmony House's Shelter Operations Director and Grants Administrator are responsible for co-management of this database, oversight of information entered into VELA, and ensuring that client and service data are being collected and recorded accurately.

Harmony House also utilizes Quickbooks to manage the financial activities of the organization. Harmony House's Finance Director, together with the Finance Coordinator, is responsible for managing the organization's billing and payables and for producing monthly financial reports for review by the ED and Board. The Grants Administrator and Finance Team work together to ensure grant compliance and that funds are spent in accordance with each grant award contract. All required grant reporting and billing is completed accurately and in a timely manner, before review by both the Finance Director and Grants Administrator.

Finally, Harmony House also undergoes an external, independent audit each year.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** Yes

4a. Describe the unresolved monitoring or audit findings.

Harmony House underwent a programmatic/financial monitoring of its' HUD-Rapid Rehousing Program from April 25, 2022 to May 4, 2022. The monitoring referenced HUD FY2022 grant# MO0273LP001901. The initial monitoring letter included two findings. Finding #1 stated that Harmony House's chart of accounts "did not identify the federal programs under which the award was received, including the CFDA number, include the grant number, or the year of the federal award." Finding #2 stated that "no self-assessment of the grantees internal control system had been completed." Harmony House submitted documentation on July 28, 2022 regarding both findings. In regard to finding #1, documentation was provided to HUD in a separate spreadsheet used by the organization to track internal federal funding. In regard to finding #2, documentation was submitted showing proof of the organizations paid annual audit assessment of internal controls. Harmony House received a response to the submitted documentation on May 24, 2023, stating neither submission was acceptable. Harmony House met with its' current auditors, Whitlock Co., to discuss findings and formulated a second response that was submitted in July 2023 which included adoption of new board approved policies in reference to the findings. As of September 2024, Harmony House has not received a response from HUD regarding the status of that submission.

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: Harmony House Rapid Rehousing FY2024-DV Bonus Project
- 4. Project Status: Standard
- 5. Component Type: PH
 - 5a. Select the type of PH project: RRH
- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes
- 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
- 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.

Greene County has one of the highest per capita rates of aggravated domestic assault in Missouri. Nationally, domestic violence is one of the leading causes of poverty and homelessness among women and families. The Missouri Coalition Against Domestic and Sexual Violence (MOCADSV) reported increases in requests for services from 2022 to 2023, with 19,901 unmet requests for shelter and 3,597 unmet requests for services in the state. Harmony House provides emergency shelter and comprehensive support services to survivors of domestic violence. Program goals are: 1) To provide a safe haven where survivors can begin the healing process; and 2) To provide the education, advocacy and tools needed to support survivors in transitioning to a violence-free living situation. When survivors arrive at Harmony House, they are assigned a case manager and an intake assessment is completed. The case manager and the resident then work together to establish individual goals and action steps based on identified needs. Weekly meetings ensure that residents are making progress toward goal attainment. Additional focus is placed on helping the resident develop a housing plan outside of shelter, identify barriers to successful housing, and formulate opportunities to overcome barriers. While formulating a housing plan, residents and their case manager work with Harmony House’s housing program case managers to assess needs and utilization of current Housing programs. The case manager then helps the resident address the identified barriers and secure safe, affordable housing. Once in permanent housing, residents are referred into our Outreach Program, where case management support continues. While in shelter, many shelter residents obtain employment, however, most lack the up-front resources needed to secure permanent housing. This application is requesting funds to be used for medium-term (4-12 months) RRH assistance and Supportive Services. Supportive services will include the provision of case management through a dedicated rapid rehousing case manager. Additional supportive services utilized by clients is anticipated to include food, transportation, utility deposits, application fees, and moving costs. However, Harmony House recognizes that each individuals barriers are different, and that additional supportive services may be required by some clients. A grant of \$213,820.00 will allow Harmony House to provide medium-term rental assistance and supportive services for an estimated 15-18 families. Harmony House case managers routinely collaborate with Continuum of Care members in order to access support services for our clients. These include One Door, The Kitchen, Inc., Salvation Army, Catholic Charities, Burrell Mental Health Center, MO Career Center and others. CoC Program support for this project is needed as there are currently no RRH funds allocated for the upcoming year specifically designated for domestic violence survivors. Without access to these funds, many of our exiting shelter residents will have no choice but to return to their abuser or become housing unstable and potentially become homeless.

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 | 1 | | | |
| Begin program participant enrollment | 10 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 30 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 365 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | 0 | | | |
| Start rehabilitation | 0 | | | |
| Complete rehabilitation | 0 | | | |
| Start new construction | 0 | | | |
| Complete new construction | 0 | | | |

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 checked="" 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 type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

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

3C. Project Expansion Information

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

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.

Harmony House works exclusively with a population of individuals who are victims of domestic violence. This proposed project will target individuals who are “homeless or at-risk of homelessness: due to domestic violence. Domestic violence affects individuals of all circumstances; however, the vast majority of Harmony House clients remain in the low-income bracket and are subject to the risk pile-up of additional barriers and marginalization that low-income households often experience (i.e.: poor education, lack of childcare, transportation barriers, food insecurity). Harmony House is a victim service provider that specializes in domestic violence, with nearly 50 years of experience offering shelter and wrap-around supportive services in the Springfield/ Greene County area. All program staff are trained in trauma-informed approaches during the onboarding process and receive continual professional development and training regarding domestic violence and its’ effects within the aspects of an individual’s life. Harmony House follows the evidence-based approach of Full Frame Initiative (FFI) to provide client services. FFI focuses on a holistic encompassment of services that targets all aspects of a client’s life to ensure their needs are met in a way that is sustainable long-term and mitigates risk of return to homelessness and domestic violence-based relationships. The Full Frame Initiative’s five domains of wellbeing include: Social connectedness, mastery, meaningful access to relevant resources, safety, and stability.

Clients in the Rapid Rehousing program will have access to a dedicated case manager who will work with them through their individual barriers to ensure that they can increase their self-efficacy through fulfilling their five domains of wellbeing. Additionally, clients will be able to access additional Harmony House resources as needed. Harmony House’s donations center will assist clients with obtaining furnishings for housing and appropriate clothing for interviews and job opportunities, Harmony House’s on-site therapists will be available to help clients navigate Substance Use Disorders and provide Trauma-related counseling for adults and children in Harmony House programs. Harmony House’s established outreach team will be available to provide continued community-based case management following client’s establishment in permanent housing.

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.

With this program, clients will be afforded the time necessary to rebuild credit and financial resources, establish a positive history of on-time rental payments, and gain new economic empowerment and autonomy. Case Management staff will assist RRH clients to enroll in local job training and employment opportunities. Client will receive help with identifying available funding support for training program fees and education or program-related materials. As resources are available, case managers will assist clients with obtaining work-related attire (via Harmony House’s donations center and additional funding), troubleshooting transportation barriers, and exploring childcare options. Harmony House will also assist RRH clients to connect with other community partners to access training and employment opportunities through referrals to long-standing community resources.

Harmony House case managers have training and resources to help assist eligible client with completing enrollment in mainstream benefit programs and tracking success of client enrollment. Individualized case management and support services are offered voluntarily to households fleeing domestic violence and provided from time of intake through exit as directed by the client/household. Voluntary services include housing case management and advocacy, safety and well-being planning, social service and benefits enrollments and advocacy, medical and mental health services and referrals, crisis intervention, and other services as needed through Harmony House’s community programs. Throughout their engagement in the program, RRH clients will be prepared for transitioning post-program with opportunities to obtain financial literacy, increase safety, build income, and position for success post-exit from the program.

**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 | Applicant | As needed |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | Daily |
| Child Care | Applicant | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Applicant | Annually |
| Housing Search and Counseling Services | Applicant | Daily |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Applicant | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Applicant | As needed |
| Substance Abuse Treatment Services | Applicant | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | Annually |

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?** No

4B. Housing Type and Location

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

Total Units: 13

Total Beds: 22

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 13 | 22 | 0 |

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:** 13

b. **Beds:** 22

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: 3404 E Ridgeview St

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)**

299225 Webster County, 294884 Springfield,
299043 Christian County, 299077 Greene
County

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 | 8 | 5 | 0 | 13 |
| | | | | |
| | 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 | 6 | 3 | | 9 |
| Persons ages 18-24 | 2 | 2 | | 4 |
| Accompanied Children under age 18 | 9 | | 0 | 9 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 17 | 5 | 0 | 22 |

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 | | | | | | | 6 | | | |
| Persons ages 18-24 | | | | | | | 2 | | | |
| Children under age 18 | | | | | | | 9 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 0 | 0 | 0 |

Click Save to automatically calculate totals

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 | | | | | | | 3 | | | |
| Persons ages 18-24 | | | | | | | 2 | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 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 | | | | | | | | | | |
| Total Persons | 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? DV Bonus
- 2a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? (Projects that are focused on other populations, including survivors of human trafficking, should select "No" unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.) Yes – will exclusively serve DV Bonus eligible population
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:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <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) No

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: | \$128,724 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$128,724 |
| Total Units: | 13 |

The number of beds for which funding has been requested in the Rental Assistance budget is 22.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | MO - Springfield, MO HUD Metro FMR Ar... | 13 | \$128,724 |

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 | 5 | x | \$681 | x | 12 | | = | \$40,860 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 7 | x | \$871 | x | 12 | = | \$73,164 |
| 3 Bedrooms | 1 | x | \$1,225 | x | 12 | = | \$14,700 |
| 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 |
| Total Units and Annual Assistance Requested | 13 | | | | | | \$128,724 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$128,724 |

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 | | |
| 2. Assistance with Moving Costs | Inclusion of 13 moving trips provided once for each client at an estimated cost of \$550 each | \$7,150 |
| 3. Case Management | Inclusion of One dedicate RRH Case Manager | \$51,600 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | 13 grocery orders provided once for each client upon move-in at an estimated cost of \$350 each | \$4,550 |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | Transportation assistance for minor car repairs as needed | \$200 |
| 16. Utility Deposits | 13 deposits estimated at \$500 each | \$6,500 |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$70,000 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$70,000 |

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 | | |
| 2. Software | Monthly licensing fee for Harmony House's HMIS comparable database, VELA. Estimated at \$1300 monthly | \$15,096 |
| 3. Services | | |
| 4. Personnel | | |
| 5. Space & Operations | | |
| Total Annual Assistance Requested: | | \$15,096 |
| Grant Term: | | 1 Year |
| Total Request for Grant Term: | | \$15,096 |

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: | |
| Estimated budget amount for VAWA Confidentiality Requirements: | |

| | |
|------------------------------|--------|
| 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: | \$53,455 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$53,455 |

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

| Type | Source | Name of Source | Amount of Commitments |
|------|---------|----------------------|-----------------------|
| Cash | Private | Vecino Group Hous... | \$35,695 |
| Cash | Private | Harmony House Adm... | \$2,760 |
| Cash | Private | Restricted funds ... | \$15,000 |

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Vecino Group Housing Case Manager for Talia Apartments
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$35,695

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Harmony House Administrative Match for time spend on project
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$2,760

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Restricted funds through Private donors for support services related to housing
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$15,000

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) | \$128,724 | 1 Year | \$128,724 |
| 4. Supportive Services (Screen 6F) | \$70,000 | 1 Year | \$70,000 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$15,096 | 1 Year | \$15,096 |
| 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 | | | \$213,820 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | |
| 11. HUD funded Sub-total + Admin. Requested | | | \$213,820 |
| 12. Cash Match (From Screen 6I) | | | \$53,455 |
| 13. In-Kind Match (From Screen 6I) | | | \$0 |
| 14. Total Match (From Screen 6I) | | | \$53,455 |
| 15. Total Project Budget for this grant, including Match | | | \$267,275 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501(c)3 Documenta... | 09/25/2024 |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: 501(c)3 Documentation for Harmony House

Attachment Details

Document Description:

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: Jared Alexander
Date: 10/11/2024
Title: Executive Director
Applicant Organization: Family Violence Center, Inc., d/b/a Harmony House

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.

| Page | Last Updated |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/25/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/01/2024 |
| 1E. SF-424 Compliance | 09/25/2024 |
| 1F. SF-424 Declaration | 09/25/2024 |
| 1G. HUD 2880 | 10/04/2024 |
| 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 | 09/25/2024 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/25/2024 |
| 3A. Project Detail | 10/02/2024 |
| 3B. Description | 09/25/2024 |
| 3C. Expansion | 09/25/2024 |
| 4A. Services | 09/25/2024 |
| 4B. Housing Type | 10/02/2024 |
| 5A. Households | 10/02/2024 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/25/2024 |
| 6E. Rental Assistance | 10/02/2024 |
| 6F. Supp Srvcs Budget | 09/25/2024 |
| 6H. HMIS Budget | 09/25/2024 |
| VAWA Budget | No Input Required |
| 6I. Match | 09/25/2024 |
| 6J. Summary Budget | No Input Required |

| | |
|--------------------------|------------|
| 7A. Attachment(s) | 09/25/2024 |
| 7D. Certification | 10/04/2024 |

OGDEN UT 84201-0038

In reply refer to: 0441970785
Oct. 21, 2009 LTR 4168C E0
43-1082063 000000 00
00021975
BODC: TE

FAMILY VIOLENCE CENTER INC
PO BOX 5972
SPRINGFIELD MO 65801-5972



007789

Employer Identification Number: 43-1082063
Person to Contact: EO Accounts
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 09, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1977.

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

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

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

Sincerely yours,



Rita A. Leete
Accounts Management II