

## 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 2021 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 Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, 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 2021 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:** 11/02/2021

**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:** Missouri Department of Mental Health

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 44-6000987

	<b>c. Organizational DUNS:</b>	780871430	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1706 E. Elm

**Street 2:**

**City:** Jefferson City

**County:** Cole

**State:** Missouri

**Country:** United States

**Zip / Postal Code:** 65101

### e. Organizational Unit (optional)

**Department Name:** Mental Health

**Division Name:** Housing Unit

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

**Prefix:** Ms.

**First Name:** Kelli

**Middle Name:**

**Last Name:** Kemna

**Suffix:** MSW

**Title:** Housing Director

**Organizational Affiliation:** Missouri Department of Mental Health

**Telephone Number:** (573) 751-9206

**Extension:**  
**Fax Number:** (573) 526-7797  
**Email:** Kelli.Kemna@DMH.MO.GOV

## 1C. SF-424 Application Details

**9. Type of Applicant:** A. State Government

**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-6500-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:** 2021 SCG - Shelter Plus Care Springfield Expansion

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

**16a. Applicant:** MO-001, MO-008, MO-006, MO-007, MO-004, MO-005, MO-002, MO-003

**16b. Project:** MO-007, MO-004  
**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 05/01/2022

**b. End Date:** 04/30/2023

**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:** Ms.

**First Name:** Molly

**Middle Name:**

**Last Name:** Boeckmann

**Suffix:**

**Title:** Director, Division of Administrative Services

**Telephone Number:** (573) 751-4055  
**(Format: 123-456-7890)**

**Fax Number:** (573) 751-8574  
**(Format: 123-456-7890)**

**Email:** Molly.Boeckmann@DMH.MO.GOV

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

**Date Signed:** 11/02/2021



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Missouri Department of Mental Health  
**Prefix:** Ms.  
**First Name:** Molly  
**Middle Name:**  
**Last Name:** Boeckmann  
**Suffix:**  
**Title:** Director, Division of Administrative Services  
**Organizational Affiliation:** Missouri Department of Mental Health  
**Telephone Number:** (573) 751-4055  
**Extension:**  
**Email:** Molly.Boeckmann@DMH.MO.GOV  
**City:** Jefferson City  
**County:** Cole  
**State:** Missouri  
**Country:** United States  
**Zip/Postal Code:** 65101

**2. Employer ID Number (EIN):** 44-6000987

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

### 4. Amount of HUD Assistance Requested/Received

**4a. Total Amount Requested for this project:** \$52,791.00  
 (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
N/A	N/A	\$0.00	N/A

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

**Part III Interested Parties**

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Please see "Other Attachments" for a complete list.	N/A	N/A	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

**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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

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.

**I AGREE:**

**Name / Title of Authorized Official:** Molly Boeckmann, Director, Division of Administrative Services

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

**Date Signed:** 11/02/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Missouri Department of Mental Health

**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 Federalagency 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** X

**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.**



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:** Molly

**Middle Name**

**Last Name:** Boeckmann

**Suffix:**

**Title:** Director, Division of Administrative Services

**Telephone Number:** (573) 751-4055  
**(Format: 123-456-7890)**

**Fax Number:** (573) 751-8574  
**(Format: 123-456-7890)**

**Email:** Molly.Boeckmann@DMH.MO.GOV

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

**Date Signed:** 11/02/2021

## **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:** Missouri Department of Mental Health

**Name / Title of Authorized Official:** Molly Boeckmann, Director, Division of Administrative Services

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

**Date Signed:** 11/02/2021

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

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:** Missouri Department of Mental Health  
**Street 1:** 1706 E. Elm  
**Street 2:**  
**City:** Jefferson City  
**County:** Cole  
**State:** Missouri  
**Country:** United States  
**Zip / Postal Code:** 65101

**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:** Molly  
**Middle Name:**  
**Last Name:** Boeckmann  
**Suffix:**  
**Title:** Director, Division of Administrative Services  
**Telephone Number:** (573) 751-4055  
**(Format: 123-456-7890)**  
**Fax Number:** (573) 751-8574  
**(Format: 123-456-7890)**  
**Email:** Molly.Boeckmann@DMH.MO.GOV  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 11/02/2021

## IK. SF-424B

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

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

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:** Missouri Department of Mental Health  
**Prefix:** Ms.

**First Name:** Molly

**Middle Name:**

**Last Name:** Boeckmann

**Suffix:**

**Title:** Director, Division of Administrative Services

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

**Date Signed:** 11/02/2021

## 1L. SF-424D

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

**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: \$52,170**

Organization	Type	Sub-Award Amount
OACAC	La. Public Housing Authority	\$52,170

## 2A. Project Subrecipients Detail

**a. Organization Name:** OACAC

**b. Organization Type:** La. Public Housing Authority  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 43-0836672

	<b>* d. Organizational DUNS:</b>	076266576	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 215 S. Barnes

**Street 2:**

**City:** Springfield

**State:** Missouri

**Zip Code:** 65802

**f. Congressional District(s):** MO-007, MO-004  
**(for multiple selections hold CTRL key)**

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

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

**i. Expected Sub-Award Amount:** \$52,170

### j. Contact Person

**Prefix:** Ms.

**First Name:** Nancy

**Middle Name:**

**Last Name:** Masner  
**Suffix:**  
**Title:** Housing Director  
**E-mail Address:** nmasner@oacac-cao.org  
**Confirm E-mail Address:** nmasner@oacac-cao.org  
**Phone Number:** 417-864-3446  
**Extension:**  
**Fax Number:**



## **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.**

Missouri Department of Mental Health (MDMH) successfully administers over 27 HUD Continuum of Care (CoC) Permanent Supportive Housing (PSH) projects throughout the state of Missouri. MDMH has administered HUD projects for over 20 years. We have no outstanding monitoring findings and complete LOCCS drawdowns monthly as well as submit APRs prior to deadlines. We are able to help improve CoC System Performance Measures by providing a Housing First project which prevents eviction and promotes housing stability.

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

MDMH has for decades and continues to utilize state funds to provide supportive services to our PSH projects. Additionally, MDMH has obtained funds through SAMHSA’s Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) to provide 44 new Housing Outreach Liaison positions throughout Missouri which will provide supportive services in cooperation with the CoC to participants in the CoC’s coordinated entry system. We are now partnering with PHAs to bring rental assistance monies into our projects to provide more support to our most vulnerable community members experiencing homelessness. We also partner with private organizations such as Corporation for Supportive Housing and Missouri Foundation for Health to provide technical assistance and funding to CoC and LIHTC projects through our MDMH sponsored Missouri Supportive Housing Institute. This project will leverage Emergency Housing Vouchers as well as Department of Mental Health healthcare funds to expand the project.

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

MDMH and Subrecipient have a centralized system of fiscal management with financial policies in place that institute internal controls; guide processes for approval of transactions to reduce fraud and mismanagement; and improve accuracy of financial reporting.

### **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:** 2021 SCG - Shelter Plus Care Springfield Expansion

**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

### **3B. Project Description**

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

This expansion of a legacy Shelter Plus Care (SPC) program will exemplify evidence-based best practices for Permanent Supportive Housing (PSH) serving persons who are experiencing unsheltered, chronic homelessness impacted by severe mental illness, substance use disorder and co-occurring diagnoses. The 2020 Ozarks Alliance to End Homelessness Unsheltered Point-in-Time Report shows that 164 people were sleeping on the street on the night of count and 87 people were chronically homeless. These are the people we wish to serve, extremely vulnerable with multiple service needs: generational poverty, high use of emergency rooms, ongoing need for community and crisis services, eviction and poor credit history, no transportation and frequent law enforcement interactions. All of these are factors that negatively affect a person’s ability to find and maintain stable housing, employment, and income. We maintain low-barrier entry and follow Housing First best practices. We do not require participation in supportive services, minimum income, or sobriety for program entry. We do not exclude persons based on criminal history or sex offender status. We work closely with domestic violence providers to safely assist those fleeing.

People with high vulnerability, issues and barriers average 3.5-4.5 years in PSH to achieve housing and income stability. Housing and income stability allow participants to move on to other PH without supports and decrease returns to homelessness. MDMH assesses participants for moving on opportunities at least annually and creates a client-directed plan. Plans may include: applying to a PHA for subsidized housing, budgeting skills, reducing debt, overcoming obstacles that prevent moving on, such as a criminal record. Participants remain in SPC until they have completed their move-on plan. Some participants may have such high barriers and supportive service needs that moving on does not occur during the typical timeframe; we continue to serve them.

MDMH leverages resources of local mental health providers, PHAs, community and faith-based organizations to maximize services available and assure participants find housing that gives them the best access to transportation, treatment services, medical care, social services, child care, employment and other supports. This could include project based housing for those who otherwise wouldn't have timely access to safe, affordable housing options. Participants have access to SOAR-trained service providers and other service providers to assist with applying for mainstream resources including Medicaid, SNAP, SSI, SSDI, VA, Head Start, childcare assistance, vocational rehabilitation, and career centers. This project will leverage Emergency Housing Vouchers and MDMH healthcare funds to expand housing and services. This project will improve system performance measures including reduction in length of time homeless based on the resources above.

**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	15			
Begin program participant enrollment	15			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	15			
Leased or rental assistance units or structure, and supportive services near 100% capacity	15			
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.**

N/A

**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"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<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?** Yes

**6a. Explain how and why the project will implement this requirement.**

The private rental market within the Springfield area is extremely competitive with numerous colleges and universities in the area. It is very difficult to place persons experiencing chronic homelessness into safe and affordable housing quickly. If we are able to master lease a few units throughout the area we can have the homes equipped with furniture, bedding, toiletries and other necessities which our coordinated entry participant referrals do not typically have quick access. This also eliminates the housing search delay most of our participants experience. After a year in the unit, the participant can move on to housing of their choice.

**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, according to NOFA Section III.3.b.**

**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 according to NOFA Section III.3.d:**

- (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 are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

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

### 3C. Project Expansion Information

**1. Is this a “Project Expansion” of an eligible renewal project?** Yes

**Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.**

**1a. Eligible Renewal Grant PIN:** MO0026

**1b. Eligible Renewal Grant Project Name:** 2021 SCG - Shelter Plus Care Springfield

**2. Will this expansion project increase the number of program participants?** Yes

<b>2a.</b>	<b>Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)</b>	
	Number of persons (From renewal application Screen 5A)	27
	Number of units (From renewal application Screen 4B)	16
	Number of beds (From renewal application Screen 4B)	27
<b>2b.</b>	<b>New Requested Numbers to Add (from this “Stand-alone New” project application)</b>	
	Number of additional persons (From this new application Screen 5A)	5
	Number of additional units (From this new application Screen 4B)	5
	Number of additional beds (From this new application Screen 4B)	5

**3. Will this expansion project provide additional supportive services to program participants?** Yes

**3a. Indicate how the project will provide additional supportive services to program participants.  
 (Check one or both boxes)**

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

**4. Will this expansion project bring existing facilities up to government health or safety standards?** No

## 4A. Supportive Services for Participants

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

Based upon tenant needs/preferences either scattered site or site based housing is provided. This enables us to have homes equipped with furniture and necessities for our new referrals and removes rejection and housing delay improving system performance measures (SPMs). So tenants feel valued and important, we offer a safe space immediately. Landlords with new tenants are contacted to check in, which creates rapport. Concerns are quickly addressed by providing interventions to support the tenant. Intensive case management services are provided to participants including; housing search, life skills, transportation and referral and follow up to healthcare, child care, education/employment resources and other mainstream benefits. These services will be non-duplicative of available community resources. We will improve SPMs, reduce length of time homeless, returns to homelessness, and income measures.

**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.**

MDMH assesses mainstream resources at entry and at least annually for the duration of the project. When there is a mainstream service for which the participant may be eligible, the participant is connected to Subrecipient or Partner who works with them to complete all requirements/follow up to secure those services, such as: health insurance, food assistance, SSI/SSDI, SOAR, Head Start, child care, VR, employment services, healthcare including behavioral, VA, TANF and others. Benefits will be monitored at least annually. Participants will have their service needs met by allowing for project funded services to be flexible in intensity, responsive and evolving. Transportation will be provided to unit viewing, mainstream benefit or healthcare appointments, as well as ongoing transportation planning. We have a heavy focus on leveraging existing community resources to meet needs and non-duplication of services. We will improve SPMs, reduce length of time homeless, returns to homelessness, and income measures.

**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	Subrecipient	Annually



Assistance with Moving Costs
Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	Annually
Subrecipient	As needed
Non-Partner	As needed
Non-Partner	As needed
Partner	As needed
Non-Partner	Bi-weekly
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Partner	As needed
Partner	As needed
Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Partner	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 this project the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** 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:** 5

**Total Beds:** 5

**Total Dedicated CH Beds:** 5

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	5	5	5

## 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.**

**2a. Units:** 5

**2b. Beds:** 5

**3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 5

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

### 4. 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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 215 S. Barnes

**Street 2:**

**City:** Springfield

**State:** Missouri

**ZIP Code:** 65802

**\*5. 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)**

299043 Christian County, 299077 Greene County, 299225 Webster County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		5		5
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		5		5
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	5	0	5

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	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)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	5									
Persons ages 18-24										
<b>Total Persons</b>	5	0	0	0	0	0	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	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

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2023?** 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:**

<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)** No



## 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		
3. Case Management	Providing intensive housing stability focused case management and warm handoffs to other providers.	\$44,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Provide intensive outreach services to engage pre-contemplative community members.	\$5,000
14. Substance Abuse Treatment Services		
15. Transportation	Provide mileage to transport participants to appointments as well as bus passes or other transportation supports.	\$3,791
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$52,791</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$52,791</b>

**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:	\$55,000
Total Amount of All Commitments:	\$55,000

**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	Private	Ozarks Community ...	\$40,000
In-Kind	Government	Missouri Departme...	\$15,000



## Sources of Match Detail

**1. Type of Match commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Ozarks Community Action Corp.

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$40,000

**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.**

## Sources of Match Detail

**1. Type of Match commitment:** In-Kind

**2. Source:** Government

**3. Name of Source:** Missouri Department of Mental Health

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$15,000

**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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$52,791	1 Year	\$52,791
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$52,791
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$52,791
10. Cash Match			\$0
11. In-Kind Match			\$55,000
12. Total Match			\$55,000
13. Total Budget			\$107,791

**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	2021 ALL DMH 2880	11/02/2021
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** 2021 ALL DMH 2880

## **Attachment Details**

**Document Description:**

## 7A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Molly Boeckmann

**Date:** 11/02/2021

**Title:** Director, Division of Administrative Services

**Applicant Organization:** Missouri Department of Mental Health

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

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X



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

**Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## **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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/12/2021
<b>1E. SF-424 Compliance</b>	09/20/2021
<b>1F. SF-424 Declaration</b>	09/20/2021
<b>1G. HUD 2880</b>	09/20/2021
<b>1H. HUD 50070</b>	09/20/2021
<b>1I. Cert. Lobbying</b>	09/20/2021
<b>1J. SF-LLL</b>	09/20/2021
<b>IK. SF-424B</b>	09/20/2021
<b>1L. SF-424D</b>	09/20/2021
<b>2A. Subrecipients</b>	09/20/2021
<b>2B. Experience</b>	10/12/2021
<b>3A. Project Detail</b>	09/20/2021
<b>3B. Description</b>	10/12/2021
<b>3C. Expansion</b>	10/12/2021
<b>4A. Services</b>	10/12/2021
<b>4B. Housing Type</b>	09/22/2021
<b>5A. Households</b>	09/22/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/22/2021
<b>6F. Supp Srvcs Budget</b>	11/02/2021
<b>6I. Match</b>	10/12/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	11/02/2021
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/22/2021

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