

## 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 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/13/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MO0024

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

a. Legal Name: The Kitchen, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 43-1384531

c. Unique Entity Identifier: DJRQAB6SG689

### d. Address

Street 1: 730 N. Glenstone Ave.

Street 2:

City: Springfield

County: Greene

State: Missouri

Country: United States

Zip / Postal Code: 65802

### 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: Theresa

Middle Name:

Last Name: Oglesby

Suffix:

Title: Director of Programs

Organizational Affiliation: The Kitchen, Inc.

Telephone Number: (417) 225-7404

Extension:

**Fax Number:** (417) 831-6709

**Email:** [toglesby@thekitcheninc.org](mailto:toglesby@thekitcheninc.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-6700-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: TKI CoC PSH

16. Congressional District(s):

a. Applicant: MO-007  
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: Meleah

Middle Name:

Last Name: Spencer

Suffix:

Title: Chief Executive Officer

Telephone Number: (417) 225-7401  
(Format: 123-456-7890)

Fax Number: (417) 831-6709  
(Format: 123-456-7890)

Email: mspencer@thekitcheninc.org

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

Date Signed: 09/13/2023



# 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Approval No. 2501-0017 (exp. 1/31/2026)

## Applicant/Recipient Information

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

**Agency Legal Name:** The Kitchen, Inc.

**Prefix:** Ms.

**First Name:** Meleah

**Middle Name:**

**Last Name:** Spencer

**Suffix:**

**Title:** Chief Executive Officer

**Organizational Affiliation:** The Kitchen, Inc.

**Telephone Number:** (417) 225-7401

**Extension:**

**Email:** mspencer@thekitcheninc.org

**City:** Springfield

**County:** Greene

**State:** Missouri

**Country:** United States

**Zip/Postal Code:** 65802

**2. Employer ID Number (EIN):** 43-1384531

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

**4. Amount of HUD Assistance Requested/Received: \$146,282.00**

(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
Department of Veterans Affairs	SSVF Grant Program	\$659,463.00	Homeless assistance for Veterans program
Department of Veterans Affairs	SSVF Grant Program	\$440,579.00	Funding for Shallow Subsidy for Home At Last for Veterans, 3 years
City of Springfield	CDBG-CV	\$17,430.00	Wages for homeless youth center staff, incoming
Missouri Housing Development Commission	MHTF	\$50,000.00	Case manager wages and RRH rental assistance
Missouri Housing Development Commission	ESG FY23	\$50,000.00	Wages for shelter staff, requested

**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:** Meleah Spencer, Chief Executive Officer

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

**Date Signed:** 09/13/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** The Kitchen, Inc.

**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;	

### 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:** Ms.

**First Name:** Meleah

**Middle Name**

**Last Name:** Spencer

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (417) 225-7401  
**(Format: 123-456-7890)**

**Fax Number:** (417) 831-6709  
**(Format: 123-456-7890)**

**Email:** mspencer@thekitcheninc.org

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

**Date Signed:** 09/13/2023

## **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:** The Kitchen, Inc.

**Name / Title of Authorized Official:** Meleah Spencer, Chief Executive Officer

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

**Date Signed:** 09/13/2023

# 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: The Kitchen, Inc.

Street 1: 730 N. Glenstone Ave.

Street 2:

City: Springfield

County: Greene

State: Missouri

Country: United States

Zip / Postal Code: 65802

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:** Meleah

**Middle Name:**

**Last Name:** Spencer

**Suffix:**

**Title:** Chief Executive Officer

**Telephone Number:** (417) 225-7401  
**(Format: 123-456-7890)**

**Fax Number:** (417) 831-6709  
**(Format: 123-456-7890)**

**Email:** mspencer@thekitcheninc.org

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

**Date Signed:** 09/13/2023

# 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: The Kitchen, Inc.

Prefix: Ms.

First Name: Meleah

**Middle Name:**

**Last Name:** Spencer

**Suffix:**

**Title:** Chief Executive Officer

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

**Date Signed:** 09/13/2023

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Review and update as needed.

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

**4a. If HUD recaptured funds provide an explanation.**

\$6,873.39 at 8% was recaptured. The Kitchen, Inc. started requesting referrals in August of 2022 for a total of 35 referrals. Of the 35 referrals, 7 entered the CoC PSH program. . One-bedroom units in our community are very scarce. in 2023 there was a wait list of 255 for one-bedroom project based vouchers. Our average length of time from program entry to housing move in was 89 days.



## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

### 1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

### 3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MO0024

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

2. CoC Number and Name: MO-600 - Springfield/Greene, Christian, Webster Counties CoC

3. CoC Collaborative Applicant Name: City of Springfield MO

4. Project Name: TKI CoC PSH

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

(Attachment Requirement)

### 3B. Project Description

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

The CoC PSH program’s target population is individuals and families that are chronically homeless and/or have one or more household members living with a disabling condition that impedes their ability to maintain housing. This renewal will provide 16 community rental units to The Kitchen, Inc.’s (TKI’s) existing program. The CoC PSH project will serve 16 households, approx. 29 individuals.

TKI has provided housing and support services to people experiencing homelessness for four decades. All TKI programs use a Housing First philosophy and focus on reducing barriers and preconditions to housing. TKI works with the CoC's CE System to match households to the most effective housing program to hasten their return to stable housing.

Participants then choose where they would like to live in the community with the only restrictions being the unit falls within acceptable FMR/Rent

Reasonableness and passes a Housing Quality inspection. Support services are provided by a case manager trained in best practices. When participants first enter the program, they create a housing stability plan with their case manager to determine what their barriers are to maintaining housing, including low/no income, disabilities, etc., and to create goals to help them work towards self-sufficiency. Case managers then work with the participants in providing appropriate referrals to community resources to meet their individual needs along with individualized case management.

TKI works in collaboration with Burrell Behavioral Health, a community behavioral health provider for individuals who have mental health, substance abuse, or other health care needs. TKI has a letter of commitment from Burrell supporting our collaborative relationship. One program we refer to is the Emergency Room Enhancement (ERE) that facilitates easy access to healthcare for those who are uninsured and/or experiencing poverty/homelessness. TKI frequently refers individuals to Burrell’s Assertive Community Treatment (ACT) team. This team is an evidence-based, specialized service which engages individuals who avoid or do not respond well to traditional treatment. The team serves adults ages 18 and up who have a qualifying serious mental illness and significant functional impairments, emotional disturbance, co-occurring substance use disorders, or severe impairments to daily functioning or independent living skills.

TKI works in collaboration with MSU Care, a major provider of free healthcare for adults ages 18-64 who have no health insurance, are not eligible for Medicaid or Medicare, and have a household income equal to or less than 200% of the poverty level. MSU Care and TKI have many overlapping clients due to the populations that we serve. TKI’s CEO, Meleah Spencer, plays an active role on MSU Care Oversight Committee. MSU Care has provided a letter of commitment to TKI and our programs.

In 2023 TKI participated in a community TA workshop to develop a community action plan for Racial and Social Equity in our continuum. The Director of Compliance and Programs serves on the System and Services Committee of the local CoC, and will be involved in helping implement the plan developed.

**2. 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 checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing** Yes

**3b. Does 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"/>

**3c. 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"/>

3d. Does the project follow a "Housing First" approach? Yes

### 3C. Dedicated Plus

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

#### Dedicated and 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.

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? 100% Dedicated  
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).



## 4A. Supportive Services for Program Participants

1. 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	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

## 4B. Housing Type and Location

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

Total Units: 16

Total Beds: 29

Total Dedicated CH Beds: 29

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	16	29

## 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:** 16

b. **Beds:** 29

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 29

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 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:** 730 N. Glenstone Ave.

**Street 2:**

**City:** Springfield

**State:** Missouri

**ZIP Code:** 65802

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

299077 Greene County

## 5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	9	0	16

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	11	9		20
Persons ages 18-24		0		0
Accompanied Children under age 18	9		0	9
Unaccompanied Children under age 18			0	0
Total Persons	20	9	0	29

Click Save to automatically calculate totals

## 5B. Program 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	11			4		4	1	1	1	
Persons ages 18-24										
Children under age 18	9					4	1	1	1	
<b>Total Persons</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>

Click Save to automatically calculate totals

### 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	9			3		5	1	3	1	
Persons ages 18-24										
<b>Total Persons</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>

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>	<b>0</b>	<b></b>	<b></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 6A. Funding Request

### VAWA Budget

New in FY2023, 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 new 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

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



4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

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

## 6C. 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.

<b>Total Request for Grant Term:</b>	\$134,352
<b>Total Units:</b>	16

The number of beds for which funding has been requested in the Rental Assistance budget is 24.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MO - Springfield, MO HUD Metro FMR Ar...	16	\$134,352



## Rental Assistance Budget Detail

Type of Rental Assistance: TRA



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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$451	\$451	x	12	=	\$0
0 Bedroom		x	\$601	\$601	x	12	=	\$0
1 Bedroom	9	x	\$605	\$605	x	12	=	\$65,340
2 Bedrooms	6	x	\$775	\$775	x	12	=	\$55,800
3 Bedrooms	1	x	\$1,101	\$1,101	x	12	=	\$13,212
4 Bedrooms		x	\$1,246	\$1,246	x	12	=	\$0
5 Bedrooms		x	\$1,433	\$1,433	x	12	=	\$0
6 Bedrooms		x	\$1,620	\$1,620	x	12	=	\$0
7 Bedrooms		x	\$1,807	\$1,807	x	12	=	\$0
8 Bedrooms		x	\$1,994	\$1,994	x	12	=	\$0
9 Bedrooms		x	\$2,181	\$2,181	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>								\$134,352
		16						
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$134,352

Click the 'Save' button to automatically calculate totals.

## 6D. 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 Value of Cash Commitments:	\$36,571
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$36,571

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

Type	Source	Contributor	Value of Commitments
Cash	Private	The Kitchen, Inc.	\$36,571

## Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: The Kitchen, Inc.

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

4. Amount of Written Commitment: \$36,571

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$134,352
3. Supportive Services (Enter)	\$5,644
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$500
7. Sub-total of CoC Program Costs Requested	\$140,496
8. Admin (Up to 10% of Sub-total in #7)	\$5,786
9. HUD funded Sub-total + Admin. Requested	\$146,282
10. Cash Match (From Screen 6D)	\$36,571
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$36,571
13. Total Project Budget for this grant, including Match	\$182,853

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Commitment and Eq...	08/24/2023
2) Other Attachment	No	HUD 2991	08/24/2023
3) Other Attachment	No	Match letter	08/25/2023

## **Attachment Details**

**Document Description:** Commitment and Equity

## **Attachment Details**

**Document Description:** HUD 2991

## **Attachment Details**

**Document Description:** Match letter

## 7B. 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:** Meleah Spencer

**Date:** 09/13/2023

**Title:** Chief Executive Officer

**Applicant Organization:** The Kitchen, Inc.

**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

Page	Last Updated
1A. SF-424 Application Type	08/23/2023
1B. SF-424 Legal Applicant	08/23/2023
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2023	Page 49	09/13/2023
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1D. SF-424 Congressional District(s)	08/23/2023
1E. SF-424 Compliance	08/23/2023
1F. SF-424 Declaration	08/23/2023
1G. HUD 2880	08/23/2023
1H. HUD-50070	08/23/2023
1I. Cert. Lobbying	08/23/2023
1J. SF-LLL	08/23/2023
IK. SF-424B	08/23/2023
Submission Without Changes	08/23/2023
Recipient Performance	08/25/2023
Renewal Grant Consolidation or Renewal Grant Expansion	08/23/2023
2A. Subrecipients	No Input Required
3A. Project Detail	08/23/2023
3B. Description	08/24/2023
3C. Dedicated Plus	08/23/2023
4A. Services	08/23/2023
4B. Housing Type	08/23/2023
5A. Households	08/24/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/24/2023
6C. Rental Assistance	08/23/2023
6D. Match	08/24/2023
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/25/2023
7B. Certification	08/24/2023



**BURRELL**  
BEHAVIORAL HEALTH

August 21st, 2023

US Department of Housing and Urban Development  
451 7<sup>th</sup> Street SW  
Washington, DC 20410

To whom it may concern,

Burrell Behavioral Health (Burrell) is committed to and in full support of The Kitchen, Inc.'s applications for HUD Chronic PSH, HUD CoC PSH, HUD RRH Families, and HUD RRH Youth.

Burrell is currently Missouri's second largest Certified Community Behavioral Health Organization. CARF accredited, with over 1,600 employees, Burrell has operated for over 45 years, and is a state-designated CMHC for an 18-county service area. Our mission is "To form meaningful connections and inspire hope in our community through individualized and accessible care, quality practices and collaborative partnerships." Burrell provides comprehensive care for behavioral health clients; meeting their needs in every phase of life, while providing expert care and educational resources to support clinical professionals and a broad array of partners in the communities we serve. Burrell staff members have decades of experience in delivering community-based treatment for those with behavioral health, SUDs, and CODs. For many years, Burrell has provided numerous SAMHSA-funded programs, and services that have significantly benefited populations identical to those served by this project. It is a current recipient of funding numerous federal and SAMHSA grants over the decades.

Burrell is committed to providing quality mental and behavioral health care and substance use treatment to assist individuals and families experiencing unsheltered homelessness, especially those with severe needs. Burrell will continue to commit to serving clients who are referred by The Kitchen, Inc. and provides services the client qualifies for and agrees to upon screening. Burrell provides strong community support for this project, and that support will continue as long as there is need for those services. We hope the US Department of Housing and Urban Development will join this collaboration by providing funding support that will be vital in making this project a success. Please contact Samantha Sudduth at (417) 761-5582 if you have questions or require additional information.

Sincerely,

Clay Goddard

President, Southwest Region  
Clay.Goddard@burrellcenter.com



2885 W. BATTLEFIELD RD. • SPRINGFIELD, MISSOURI 65807  
(417) 761-5000 • BURRELLCENTER.COM



**EMERGENCY ROOM ENHANCEMENT PROGRAM  
MEMORANDUM OF UNDERSTANDING**

THIS MEMORANDUM OF UNDERSTANDING ("Agreement") is entered into on October 1, 2021 ("Effective Date") by BURRELL, INC. a Missouri non-profit corporation ("Burrell") and THE KITCHEN, INC. ("Partner").

WHEREAS, Burrell is a community behavioral health provider who receives funds for the coordination of behavioral health services;

WHEREAS, with such funds Burrell operates an emergency room enhancement program to coordinate outpatient behavioral health services for certain eligible individuals;

WHEREAS, Partner has a location in Springfield, Missouri and desires to engage Burrell to offer the emergency room enhancement program for eligible individuals onsite; and

WHEREAS, the parties desire to establish a reciprocal relationship which will facilitate improvement in the mental health system by making behavioral health care more accessible to individuals, families, and the community.

NOW, THEREFORE, the Parties agree to the following:

1. Term. This Agreement shall commence on the Effective Date and continue for a period of one (1) year. Thereafter this Agreement shall be renewed automatically for additional one (1) year terms, unless sooner terminated as herein provided. Either party may terminate this Agreement, with or without cause, by providing ninety (90) days written notice to the other party. Additionally, this Agreement may be amended at any time upon written agreement of both parties and is subject to regular review to ensure accuracy.

2. Objectives: The Parties agree to work together in pursuit of the following objectives:

(a) Engage the target population in treatment. The target population for this project will include, but not be limited to, individuals:

- (i) With multiple ER visits in a relatively short period of time;
- (ii) With co-occurring mental illness and substance use disorders;
- (iii) That are not engaged in community behavioral health care and who are unlikely to easily engage in traditional services;
- (iv) With chronic medical conditions including Chronic Obstructive Pulmonary Disease (COPD)/Asthma; Diabetes Mellitus; Hypertension; Congestive Heart Failure (CHF); and Coronary Artery Disease, etc.;
- (v) Who are uninsured/underinsured;
- (vi) Who are below the federal poverty level; and

(vii) Who are homeless or have very unstable housing situations.

(b) Coordinate care for the whole person by addressing behavioral health, physical health and basic needs.

(c) Reduce the need for future hospitalization.

(d) Reduce hospitalization stays unnecessarily extended due to non-clinical factors.

(e) The Parties agree to refer members of this target population to the project for the following services:

(i) Short-term stabilization, respite care, intensive case management;

(ii) Linkage with community-based behavioral health services;

(iii) Long-term supports to promote self-sufficiency (disease management, recovery, aftercare planning, housing, and transportation);

(iv) Treatment retention strategies (outreach, peer support services, assertive engagement, support services, and family involvement); and

(v) Other services medically necessary and appropriate for the individual.

(f) The staff of Burrell will be permitted to provide necessary services related to the emergency room enhancement program to patients of Partner

(g) In performing such services, Burrell and its staff will comply with all bylaws, rules, and regulations, policies, and procedures of Partner applicable to such services, including, but not limited to necessary licensure, certification, and malpractice insurance coverage.

(h) The Parties agree to participate in reasonable data collection efforts in order to evaluate the impact of the project on the intended outcomes, to the extent such data collection and/or disclosure is permitted under applicable state and federal laws.

3. No Compensation. The parties acknowledge and agree that there is no compensation, exchange of value, or remuneration between the parties under this Agreement. Nothing in this Agreement requires, is intended to require, or provides payment or benefit of any kind (directly or indirectly) for the referral of individuals or business to either party by the other party. Neither party shall: (i) require their employed and/or contracted professionals to refer patients to one another (or to any other entity or person); or (ii) track referrals for purposes relating to setting the compensation of their employed and/or contracted professionals or influencing referral choice.

#### 4. Insurance and Indemnification

(a) Parties shall at all times during the term of this Agreement maintain at its sole cost and expense, comprehensive general public liability and property damage insurance with limits of liability not less than \$1 each occurrence and \$3,000,000.00 general aggregate.

(b) The Kitchen, Inc, agrees to indemnify and hold harmless Burrell and its employees and agents from any and all acts or omissions, negligent or otherwise, by Burrell or its agents or

employees which may cause harm or damage to persons or property by reason of services performed hereunder and defend Burrell against claims arising out of such acts or omissions.

(c) Burrell agrees to indemnify and hold harmless Partner and its employees and agents from any and all acts or omissions, negligent or otherwise, by Burrell or its agents or employees which may cause harm or damage to persons or property by reason of services performed hereunder and defend Partner against claims arising out of such acts or omissions.

5. Confidentiality and Records.

(a) Confidentiality of Information. Absent a valid court order, neither Party will disclose information relating to: (i) this Agreement; or (ii) the operations or confidential information of the other without prior written consent.

(b) Patient Identifying Information. The parties to this Agreement shall comply with all applicable state and federal laws and regulations regarding confidentiality of patient records, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and the Privacy and Security Standards (45 C.F.R. Parts 160 and 164) and the Standards for Electronic Transactions (45 C.F.R. Parts 160 and 162) (collectively, the "Standards") promulgated or to be promulgated by the Secretary of Health and Human Services. To the extent applicable, all medical information and data concerning specific patients (including, but not limited to, the identity of the patients), derived from the business relationship set forth in this Agreement, shall be treated and maintained in a confidential manner by the parties to this Agreement and their employees and agents and shall not be released, disclosed, or published to any party other than as required or permitted under applicable laws.

(c) Access to Records. If either Party should be deemed a subcontractor subject to the disclosure requirements of 42 U.S.C. 1395X(v)(1), such Party shall, until the expiration of four years after the furnishing of services pursuant to this Agreement, make available upon request to the Comptroller General, or any of its duly authorized representatives, a copy of the Agreement and the books, documents and records of services that are necessary to certify the nature and extent of the costs incurred under this Agreement by the Parties. If services or any duties of this Agreement are through a subcontractor with a value or cost of \$10,000 or more over a 12-month period with a third party, such subcontract shall contain a clause to the effect that should the third party be deemed a related organization, until the expiration of four years after the furnishing of services pursuant to such subcontract, the third party shall make available upon request to the Comptroller General, or any of its duly authorized representatives, a copy of the subcontract and the books, documents and records of such third party that are necessary to verify the nature and extent of the costs incurred under this Agreement by either Party.

(d) Exclusion from Federal Health Care Programs. Each party represents and warrants that it, and any of its staff performing services under this Agreement, have not been nor is it about to be excluded from participation in any Federal Health Care Program. Each party agrees to notify the other within five (5) business days of receipt of a notice of intent to exclude or actual notice of

exclusion from any such program. The listing of staff performing services under this Agreement on the Office of Inspector General's exclusion list ("OIG website"), the General Services Administration's Lists of Parties Excluded from Federal Procurement and Non-procurement Programs ("GSA website") for excluded individuals or entities, or the Office of Foreign Assets Control's ("OFAC's") blocked list shall constitute "exclusion" for purposes of this Section. In the event that either party is excluded from any Federal Healthcare Program or placed on the OFAC's blocked list, this Agreement shall immediately terminate. For the purposes of this Section, the term "Federal Health Care Program" means the Medicare program, any State Medicaid program, the Maternal and Child Health Services Block Grant program, the Block Grants for State for Social Services program, any state Children's Health Insurance program, or any similar program.

6. Miscellaneous.

(a) Non-Discrimination. Each Party agrees that it shall not deny service or otherwise discriminate against any patient or potential patient on the basis of age, sex, sexual orientation, gender, race, religion, national origin, ancestry, creed or disability.

(b) Referrals. Nothing in this Agreement shall be construed as an offer or payment by one party to the other party or any affiliate of the other party of any cash or other remuneration, whether directly or indirectly, overtly or covertly, specifically for patient referrals or for recommending or arranging the purchase, lease, or order of any item or service. Any payments made by either party represent the fair market value of the supplies and/or services to be rendered by such Party hereunder and are not in any way related to or dependent upon referrals by and between the Parties.

(c) Notice. Unless otherwise provided for herein, any notice required or permitted to be given to the Parties hereunder shall be in writing and shall be deemed to have been given at the earlier of the date when actually delivered to the Party, or when sent by facsimile (if confirmed), electronic mail, or nationally recognized reliable overnight carrier at the following addresses unless the Party shall otherwise designate its new address by written notice:

Burrell, Inc.  
Attn: CJ Davis, President and CEO  
2885 W. Battlefield Rd.  
Springfield, MO 65807

With a copy to:

Burrell, Legal Department Attn:  
Josh Bade, General Counsel  
2885 W. Battlefield Rd.  
Springfield, MO 65807



(d) No Violation. Neither party shall be deemed to be in violation of this Agreement if it is, or reasonably determines it is, prevented from performing any of its duties or obligations for any reason beyond such party's control, including, without limitation, flood, storm, pandemic or epidemic, strikes, acts of God or the public enemy, or statute, ordinance, regulation, rule or action of any applicable governmental entity.

(e) No Joint Venture. It is understood and agreed by the parties that nothing contained in this Agreement shall be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the parties, or a relationship of landlord and tenant, it being specifically agreed that their relationship is and shall remain that of independent parties to a contractual relationship as set forth in this Agreement. In no event shall either party be liable for the debts or obligations of the other of them, except as otherwise provided in this Agreement.

(f) Compliance with Laws. The Parties agree that the Parties shall abide by all applicable federal, state and local laws and regulations in providing services and related duties and obligations under this Agreement.

(g) Missouri Law. This Agreement shall be governed in all respects, including validity, interpretation, and effect in accordance with the laws of the State of Missouri.

(h) Assignment. Neither party may assign its rights or obligations hereunder without prior written approval by the other; provided, that such an assignment may be made to an entity directly or indirectly, wholly-owned or controlled by the same entity as the assigning party.

(i) Amendments. Any amendments to this Agreement will be effective only if in writing and signed by the parties hereto.

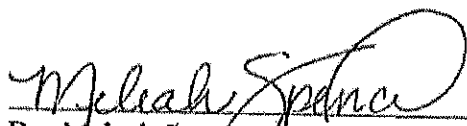
(j) Entire Agreement. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof.

BURRELL, INC.

THE KITCHEN, INC.



By: Adam Andreassen  
Title: Chief Operating Office



By: Meleah Spencer  
Title: Chief Operating Officer



# MSU Care

Missouri State | Mercy<sup>+</sup>

August 16, 2023

US Department of Housing and Urban Development  
451 7<sup>th</sup> Street SW  
Washington, DC 20410

RE: Letter of Support for HUD Chronic PSH, HUD CoC PSH, HUD RRH Families, HUD RRH Youth

To Whom It May Concern:

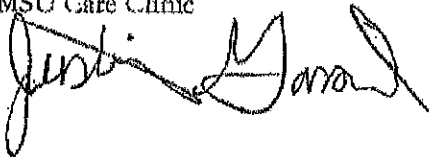
MSU Care is committed to and in full support of The Kitchen, Inc.'s applications for HUD Chronic PSH, HUD CoC PSH, HUD RRH Families, and HUD RRH Youth.

MSU Care's purpose is to increase healthcare access providing both preventative and chronic care management for uninsured adults with limited or no income through a team-based inter-professional clinical practice. Through collaboration and partnerships with community organizations, MSU Care is committed to providing quality patient outcomes and innovative learning opportunities for healthcare students. MSU Care's mission is to seek to understand and serve the health needs of medically underserved adults who live in Southwest Missouri. This includes promoting health in a unique, caring, and compassionate patient care environment in which personal dignity and individual diversity are valued.

MSU Care provides all primary care services to patients who are eligible. We understand that housing is healthcare and recognize that many of the individuals and families served by The Kitchen, Inc. programs are eligible for and would benefit from MSU Care's services. MSU Care will continue to commit to serving clients who are referred by The Kitchen, Inc. and provide services the client qualifies for and agrees to upon screening. The Kitchen, Inc.'s CEO, Meleah Spencer, plays an active role on our MSU Care Oversight Committee.

MSU Care provides strong community support for this project, and that support will continue as long as there is a need. We hope the US Department of Housing and Urban Development will join this collaboration by providing funding support that will be vital in making this project a success. Please contact me at (417)-837-2275 if you have questions or require additional information.

Sincerely,  
Justin Gassel, MHA  
Practice Manager  
MSU Care Clinic





**Racial and Social Equity Toolkit**  
**Community Action Plan Template**

**Directions:** Too often, coalitions, policies, and programs are developed and implemented without thoughtful consideration of Racial Equity and Social Justice. When Racial and Social Equity are not explicitly brought into operations, development, and decision-making, racial and social inequities are likely to be perpetuated. The following Racial and Social Equity Toolkit questions provide a structure for institutionalizing the consideration of Racial and Social Equity. This toolkit should be completed in collaboration with key partners (people with lived experience of homelessness and members of groups overrepresented in your homelessness system, CoC Board, Providers, Local Governments, Cross-Sector Partners, Business Community, Inter-Faith Community, Philanthropy, Advocacy Groups, and other key Community-Based Partners and Groups). Each section of the toolkit provides questions around History and Impacts of Your Local CoC Structure, Goals, Power Analysis and Continuous Quality Improvement (CQI).

**Community Name: Ozarks Alliance to End Homelessness**

**One-on-One Pre-work**

**1. What are you hoping to gain from this workshop?**

- 
- 
- 

**One-On-One work after Group Session 1: Introduction to Coalition Building and Community Organizing Principles - From Transactional to Transformational.**

**2. Getting Grounded in Organizing Principles and Transformational Relationships**

- What are the long-term goals, results, and outcomes your local CoC is striving for with a Coalition Building Strategy? What are your indicators of success to measure progress?
  - Make homelessness rare, brief, and one-time
    - Data-driven - honing in on SPMs with context
  - Increase safe, affordable housing
    - Engaging with landlords - responsive to housing programs
    - More units, affordable rents, accessible to people experiencing homelessness
    - Single application, eviction court, rental inspections, fair housing policies
  - Landlord-Tenant Education Committee (or Housing Advocacy Committee) as the driver (Housing Collaborative and CoC joint group)
    - Focused in Springfield
    - Includes CoC, city council, tenant organizers, neighborhood groups
    - No landlords, no PWLE
    - Target of education is case managers
- What are the short-term goals, results, and outcomes your local CoC is striving to accomplish with a Coalition Building Strategy? What are your indicators of success to measure progress?

- Systems & Services Committee partner with coalitions to pursue application reforms & risk mitigation - will develop actions (SMART goals) over next three months
- Are the relationships within your local CoC more transactional or transformational? What are some strategies that your CoC can employ to create more transformative relationships amongst members of diverse cultures, political views, and backgrounds?

**One-on-One work after Group Session 2: The Role of an Effective Community Organizer in Building Multiracial-Multicultural-Cross-Sector Coalitions**

3. Your Role as an Effective Community Organizer- Reflecting deeply on the information and concepts covered in the recent group session please answer the following:
- What natural strengths and talents can you leverage as a Community Organizer building effective multi-racial and multicultural Coalitions to End and Prevent Homelessness?
  - What are some areas that you would need to develop to be an effective Community Organizer?
  - How would you go about developing those skills?
  - Who are your accountability partners/networks regarding your development as an effective Community Organizer?

**One-On-One work after session 3 Creating Liberated Spaces - Setting the Table and Inviting Diverse Co-Creators**

4. How can transforming your local CoC into a Coalition Building Force strengthen your local CoC's ability to prevent and end homelessness while addressing racial and social disparities?
- Well-oiled machine, everybody's on same page but with diverse voices - able to think through unintended consequences - impact over intent
  - More buy-in from diverse populations on what needs to be done and how to do it
  - Working together, not in silos, harder to push responsibility onto somebody else, people don't fall through the cracks as easily
  - How can transforming your local CoC into a Coalition Building Force harm your unhoused neighbors and groups overrepresented in homelessness such as racially marginalized and historically disenfranchised (LGBTQ2S+, Disability, Incarceral/Legal System-Involved, Rural, Immigrants, etc.) groups?
    - Need to be mindful and combat tokenism - not just consider DEI as an afterthought, but at every step
    - Provide training for PWLE to be prepared for this work - (committees, public speaking legislative advocacy) - past YAB had disappointing experience at legislature
    - Address interpersonal boundaries
    - Sometimes negative impact of advocacy and publicity - people might respond negatively to people's stories - they're people, not science projects
    - Homeless Awareness Month - focus on DEI would be great but might not be right platform, might touch off culture war in their community
  - Who is your local CoC going to be accountable to with a Coalition Building Strategy? How will you communicate, co-create, evaluate, and share results?
    - Ideally, accountable to own community - the community says what they need and we respond to it - however, dictated by things outside of our control e.g. HUD says to focus on a certain thing

- Often, CoC doesn't know what needs to be done for their community - can look to other communities but they're also struggling and/or very different from our community - innovation means nobody's done it before so hard to get buy-in
- Accountability to funders - NOFO
- Accountability to people accessing services, community - transparency, show that we're doing what they say is needed and we say we're doing - e.g. doing unending research without community participation and/or sharing outcomes
- Addressing unrealistic expectations - use more data to show our work - in addition to SPMs, decide some specific data points unique to our community
- How can transforming your local CoC into a Coalition Building Force raise your community's collective consciousness and ability to build solidarity across race, gender, sexuality, class, ability, age, citizenship status, geography, and politics, to name a few?
  - They who shall not be named helps fill gaps because they don't have the same restrictions related to funding - they were critical to the success of last PIT, cold-weather sheltering - issue with understanding that there are a lot of different pieces to the puzzle - throws people under the bus in media - they do bring some positive disruption to the work - need to do some level-setting with them
  - Need to map out everybody's role they're playing or piece in the puzzle
- Who is missing from the table or needs to be a part of your base in order to implement a Coalition Strategy?
  - Not just agencies who are doing this work - people in adjacent silos (e.g. bankers in financial stability convos, health care committee, legal committee) - have partnerships with probation/parole and law enforcement but not attorneys, judges, etc
  - Dream Center - community programs for youth, food, etc
  - Churches and community centers
  - Child welfare orgs
  - Landlords
  - Electeds on other side of aisle?
  - People with lived experience
- What are the organizational, environmental, structural, and legal considerations in order to make this happen?
  - Compensation for PWLE - who has money? - plan to spread out across orgs but want to avoid creating more work throughout the process.

**5. Which individuals, organizations, committees, or workgroups will need to be involved to develop and implement a strategy effectively?** Please list all individuals or groups who should be directly involved, what role they will play in the coalition. (e.g. Are they part of a new working group? Will they review plans and provide feedback? Will they be involved in planning, implementation, or both?) and provide notes on the status of engagement (e.g. Are they aware of the workshop and your goals? What have they committed to? etc.) Note: collaborators engaged in the process should be able to determine their own level of engagement.

Be intentional with information shared so that collaborators can make an informed decision around level of engagement.

Individual/Group to Engage	Role	Level of Engagement
Lived Experience Council	Input, Development, Feedback	Med-High
Healthcare to Housing Coalition (Cox, Mercy, JV, MSU Care, Inpatient)	Formal Partnerships, Funding, Planning/Developing/Implementing Process for Discharge	High
Groups not heavily engaged w/CoC (TCG, Culturally Specific - Indian Center, NAACP, Grupo LatinoAmericano, etc)	Relationship/Connection	Low-Med
Children's Division & DYS (Linda Stainback) (Rachel has the in)	Partnering w/CoC to ensure proper exiting (not into homelessness)	Low-Med
City of Springfield	Leading/Partnering on affordable housing/innovative housing	Med-High
OAEH Executive Board	Implement	High

**One-On-One work after session 4 The Role of Valuing Culture: Setting the Table and Inviting Diverse Co-Creators**

**6. Setting the table and diverse co-creators**

- Who does your current CoC structure impact the most (e.g. populations and groups most prevalent and/or disproportionately represented)? How does the public (greater community) view those who are most impacted? How have those most impacted been harmed by this view?
  - Black folks experience homelessness disproportionately due to historic racism - poverty rates
  - Performance data disaggregated by race is hard to come by



- Reentry program serves more Black folks (due to inequity in criminal legal system), other programs serve predominantly White folks
- Community views: racism and "bootstrap" ideology
- Families are served disproportionately - families seen as more deserving than single folks
- Folks with MI overrepresented - Springfield is "meth capital of the world" - people make judgements about what's going on and views people as addicts - drug use is a choice so it's their fault - Providers aren't trained to deal with SMI
- Not good options for people who need more support - people end up in jail
- Need to address "silver tsunami" - aging adults who can't work, don't have income to afford housing
- What stands in the way of achieving the dreams of more humanizing relationships expressed in parts one and two of the visioning exercise?
  - Should be driven by PLEE - providers understand ins and outs of funding, but PLEE don't necessarily - without having to live in the box of funding constraints, PLEE may come up with more creative solution
  - Multi-generational housing (youth, aging)
  - Ignorance stands in the way - the more unsheltered folks, the worse the attitudes become (criminalization)
  - Toxic charity - we're going to swoop in a fix everything for them - takes away their dignity
  - People don't talk to each other, have to be willing to hear different perspectives
- Share out on writing exercise: What becomes possible when relationships are intentionally healed, sustained and expanded?
  - Truly get creative and collaborative and make it easy to access services and not be funneled like sleep through a corral - One Stop Shop is chaotic due to high level of need - panic-inducing
  - People who are unsheltered get to say what they need and access it
  - For people who work, they don't have to make a choice between paying for childcare and not working/accessing assistance
  - See hope in cold weather shelter - volunteers and churches ensured that everybody who wants shelter can access it (available to people who want congregate, sober shelter) - how do we harness that while acknowledging the issues?

## 7. Power Analysis

- Who/which institutions are benefiting the most from the local current CoC structure?
  - Landlords - rents are so high because they can charge that
  - No way to make money off providing assistance to folks - there aren't resources to pay for it
  - Massive jail got tax money and will make money
- In what ways does your CoC maintain the status quo or act unknowingly as a gatekeeper undermining innovative and equitable solutions?
  - Not the CoC - have grant parameters that don't allow some creative solutions
  - Philanthropic dollars are the match for CoC
  - Everybody's so busy, it's hard to develop new programs even when there is new funding
  - Think about bridges built with DV service providers - how has that grown our CoC?
- What has been your individual role in maintaining the status quo?
  - Busy & stretched thin - easy to say you can't learn/think about it because you have so much to do

- We all need to help each other across agencies - set standards and provide training
- Easier to stay in your lane and do what you need to do
- Used to be more siloed but we're more willing to share with one another now - one agency doesn't need to take on everything - sustainability - build capacity of others to play a role

**One-On-One work after session 6**

**Collective Debrief and Reflection Session: reflecting on the tools and resources shared and the collective community work that has taken place, what is the community's strategy to move forward? Communities should have a clear vision and be able to articulate steps to actualize a vision that has the aim of developing and sustaining impactful cross sector partnerships, authentically engaging communities most impacted, and building power with people with lived experience/expertise of homelessness.**

**Strategies for moving the work forward**

**Strategy: Incorporate the voices of PLEE into all decisions made by CoC**

**How will this be measured?** Documented meeting with [CE Workgroup] and LE Council (apply to everything)

Task	Responsible Party	Target Date	Status (Complete, In Progress, Not Started)
Schedule LE Council meetings	Emily	Oct/Nov 2023	In progress
Hold training for LE Council	Emily	Oct/Nov 2023	In progress
Develop strategy to bring wisdom from Council to the CoC	LE Council and support staff	Spring 2024	Not started

**Strategy:**

**How will this be measured?**

Task	Responsible Party	Target Date	Status (Complete, In Progress, Not Started)

<b>Strategy:</b>			
<b>How will this be measured?</b>			
<b>Task</b>	<b>Responsible Party</b>	<b>Target Date</b>	<b>Status (Complete, In Progress, Not Started)</b>



U.S. Department of Housing  
and Urban Development

Certification of Consistency Plan  
with the Consolidated Plan  
for the Continuum of Care  
Program Competition

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: City of Springfield, Missouri

Project Name: FY 2023 TKI CoC PSH

Location of the Project: 730 N. Glenstone Avenue, MO 65802 - Springfield/Greene, Christian, & Webster Counties

Name of  
Certifying Jurisdiction: City of Springfield, Missouri

Certifying Official  
of the Jurisdiction Name: Bob Jones

Title: Grants Administrator

Signature: 

Date: August 22, 2023

**Public reporting burden** for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.). HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

**U.S. Department of Housing  
and Urban Development**

**Certification of Consistency Plan  
with the Consolidated Plan  
for the Continuum of Care  
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: City of Springfield, Missouri

Project Name: FY 2023 TKI CoC PSH Expansion

Location of the Project: 730 N. Glenstone Avenue, MO 65802 - Springfield/Greene, Christian, & Webster Counties

Name of  
Certifying Jurisdiction: City of Springfield, Missouri

Certifying Official  
of the Jurisdiction Name: Bob Jones

Title: Grants Administrator

Signature: 




Date: August 22, 2023

**Public reporting burden** for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

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730 N Glenstone Ave.,  
Springfield, MO 65802

(417) 837-1500   
info@thekitcheninc.org   
www.thekitcheninc.org 

August 24, 2023

Ms. Sarah Parsons  
Housing and Urban Development  
400 State Ave.  
Room 200  
Kansas City, KD 66101-2406

RE: CFDA# 14.267  
MO0024L7P002215 – CoC PSH

Dear Ms. Parsons,

The Kitchen, Inc. will utilize \$36,571 in private donations as a match for the FY 2023 total grant assistance at \$146,282. The match funds will be utilized for eligible expenses to support the Chronic PSH program.

If you have any questions, please feel free to contact me at 417.225.7401 or [mspencer@thekitcheninc.org](mailto:mspencer@thekitcheninc.org).

Sincerely,



Meleah Spencer  
CEO, The Kitchen, Inc.

Affordable Housing Developments • Community Housing • Emergency Shelter • Home at Last • Rare Breed Youth Services



The Kitchen, Inc. is a 501(c)(3) charitable organization with tax ID 43-1384531. The Kitchen, Inc. is accredited by the Council on Accreditation (COA). To learn more, visit [www.coanet.org](http://www.coanet.org).