Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2026 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/25/2026
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Salvation Army--Midland Division

b. Employer/Taxpayer Identification Number (EIN/TIN): 43-0653584

c. Unique Entity Identifier: GYCLBMKKE1D3

d. Address

Street 1: 1130 Hampton Avenue

Street 2:

City: St. Louis

County: St. Louis City

State: Missouri

Country: United States

Zip / Postal Code: 63139

e. Organizational Unit (optional)

Department Name: The Salvation Army - Midland Division

Division Name: Midland Division

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

Prefix: Mr.

First Name: Gary

Middle Name:

Last Name: Busiek

Suffix: MSW

Title: Divisional Social Services Director

Organizational Affiliation: The Salvation Army--Midland Division

Telephone Number: (314) 646-3011

Extension:

Fax Number: (314) 646-3182
Email: TSA_MidlandContracts@usc.salvationarmy.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: CPD-2600-DC-0025

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): (for multiple selections hold CTRL key) Missouri

15. Descriptive Title of Applicant's Project: MO-600-NEW- TSA Family Enrichment Center 2026

16. Congressional District(s):

16a. Applicant: MO-003, MO-007, MO-001

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

17. Proposed Project

a. Start Date: 01/01/2028

b. End Date: 12/31/2028

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: X

21. Authorized Representative

Prefix:	Major
First Name:	Robert
Middle Name:	J.
Last Name:	Mueller
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(314) 646-3000
Fax Number: (Format: 123-456-7890)	(314) 646-3201
Email:	USC_Mid_Leadership@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/25/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	The Salvation Army--Midland Division
Prefix:	
First Name:	Robert
Middle Name:	J.
Last Name:	Mueller
Suffix:	
Title:	Divisional Commander
Organizational Affiliation:	The Salvation Army--Midland Division
Telephone Number:	(314) 646-3000
Extension:	
Email:	USC_Mid_Leadership@usc.salvationarmy.org
City:	St. Louis
County:	St. Louis City
State:	Missouri
Country:	United States
Zip/Postal Code:	63139

2. Employer ID Number (EIN): 43-0653584

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $74,400.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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

Certification

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.	X

Name / Title of Authorized Official: Robert Mueller, Divisional Commander

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

Date Signed: 09/25/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army--Midland Division

Program/Activity Receiving Federal Grant Funding: CoC Program

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

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying 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:	Major
First Name:	Robert
Middle Name	J.
Last Name:	Mueller
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(314) 646-3000
Fax Number: (Format: 123-456-7890)	(314) 646-3201
Email:	USC_Mid_Leadership@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/25/2026

1I. 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:	X

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 Salvation Army--Midland Division

Name / Title of Authorized Official: Robert Mueller, Divisional Commander

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

Date Signed: 09/25/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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 Salvation Army--Midland Division
Street 1:	1130 Hampton Avenue
Street 2:	
City:	St. Louis
County:	St. Louis City
State:	Missouri
Country:	United States
Zip / Postal Code:	63139

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. X

Authorized Representative

Prefix:	Major
First Name:	Robert
Middle Name:	J.
Last Name:	Mueller
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(314) 646-3000
Fax Number: (Format: 123-456-7890)	(314) 646-3201
Email:	USC_Mid_Leadership@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/25/2026

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 07/31/2028

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: [X]

Authorized Representative for: The Salvation Army--Midland Division
Prefix: Major
First Name: Robert

Middle Name:	J.
Last Name:	Mueller
Suffix:	
Title:	Divisional Commander
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/25/2026

1L. SF-424D

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

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

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

2A. Project Subrecipients

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

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

The Salvation Army – Springfield has been a recipient of multiple grants through the American Recovery Plan Act (ARPA), Community Development Block Grant, Emergency Food and Shelter Program amongst other non-federal and/or government grants. Currently, an The Salvation Army – Springfield was awarded an ARPA grant of more than $1.8 million to aid in the construction of the new Harbor House facility located at 1805 W Chestnut Expressway, Springfield MO 65802. To date, there have been no findings regarding the utilization of funds.

The Salvation Army has been serving residents of Greene and Christian Counties since 1890, providing critical support services through case management, emergency assistance, and feeding programs. Building on more than a century of service to vulnerable populations, The Salvation Army expanded its housing and shelter programs in 1996 with the opening of two emergency shelters in Springfield: the Family Enrichment Center, which serves families with children, and Harbor House, which serves single adult men.

For nearly three decades, these facilities have provided safe, stable housing and comprehensive supportive services to individuals and families experiencing homelessness. Through intensive case management, residents receive assistance with securing employment, increasing income, accessing healthcare and community resources, developing life skills, and obtaining permanent housing. Since their opening, the Family Enrichment Center and Harbor House have served thousands of individuals, providing not only a hot meal, warm bed, and safe environment, but also the support and resources necessary to overcome barriers, achieve stability, and successfully transition to permanent housing. This extensive experience demonstrates The Salvation Army's longstanding capacity to serve populations experiencing homelessness and operate housing programs similar to those proposed in this application.

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

The Salvation Army has extensive experience leveraging and braiding federal, state, local, and private sector funding sources to maximize program impact and ensure long-term sustainability. Through strategic planning, strong fiscal oversight, and collaborative partnerships, we have successfully combined resources from multiple funding streams to address community needs while maintaining compliance with all applicable regulations and reporting requirements.

At the federal level, we have administered and managed grant-funded programs that require rigorous performance tracking, financial accountability, and outcome reporting. We have demonstrated the capacity to meet grant objectives, monitor expenditures, and ensure funds are used efficiently and in accordance with program guidelines.

We have also effectively utilized state funding opportunities to expand services, strengthen program capacity, and address emerging community priorities. Our staff regularly collaborates with state agencies and regional partners to align program objectives with state initiatives and leverage available resources.

Locally, we work closely with municipal governments, county agencies, community organizations, and private citizens to secure financial support and coordinate services. These partnerships help eliminate duplication, increase resource sharing, and create a more comprehensive support system for those we serve.

In addition, we have a strong track record of engaging private sector partners, including foundations, corporate sponsors, local businesses, and individual donors. These investments have enabled us to pilot innovative programs, provide matching funds when required, fill funding gaps, and support services that may not be fully covered by public funding sources.

Our approach to funding is collaborative and diversified. By leveraging multiple funding streams, we reduce reliance on any single source, strengthen organizational resilience, and increase our ability to deliver high-quality services. This experience has positioned our organization as a trusted steward of public and private resources and has allowed us to achieve measurable outcomes for the communities we serve.

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

The Salvation Army – Springfield develops and submits an annual operating budget to The Salvation Army Divisional Finance Board for review and approval. Upon approval, local leadership is responsible for managing and monitoring departmental revenues and expenditures in accordance with the approved budget. A local accounting clerk performs monthly account reconciliations, which are reviewed by the Corps Officer and Operations Director.

Local leadership receives ongoing financial guidance and support from the Divisional Finance Department, ensuring compliance with generally accepted accounting principles (GAAP), Salvation Army policies, and sound fiscal management practices.

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

3A. Project Detail

1. CoC Number and Name:	MO-600 - Springfield/Greene, Christian, Webster Counties CoC
2. CoC Collaborative Applicant Name:	City of Springfield MO
3. Project Name:	MO-600-NEW- TSA Family Enrichment Center 2026
4. Project Status:	Standard
5. Component Type:	SSO
5a. Select the type of SSO Project:	Standalone Supportive Service
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Bonus
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

The Family Enrichment Center (FEC) is a non-congregate transitional housing program with eight private rooms, including one designated for medical respite through a local hospital partnership. Two rooms are reserved for referrals through the Continuum of Care (CoC) Coordinated Entry System.

Residents participate in a structured program focused on housing stability, employment, and self-sufficiency. Through regular case management, participants work toward obtaining essential documents, increasing income, accessing benefits and supportive services, and securing permanent housing. While the program goal is housing placement within three to six months, eligible residents who demonstrate progress may remain for up to one year.

FEC serves individuals and families experiencing homelessness who face barriers such as limited income, unemployment, poor rental history, lack of identification, health challenges, and prolonged housing instability. To address these challenges, the program provides safe shelter, meals, a mailing address, individualized case management, housing navigation, and connections to community resources.

Staff assist residents with housing searches, landlord engagement, benefit applications, employment services, and referrals to workforce development opportunities through partners such as the Missouri Career Center. For those unable to work, staff support applications for SSI, SSDI, and other mainstream benefits.

By combining stable housing with intensive support services, FEC helps participants achieve long-term independence and permanent housing. In 2025, 58% of participants exited to permanent housing, and 60% of employable residents obtained employment of at least 20 hours per week.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				

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

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

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	☐	Survivors	☐
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☒	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

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

3C. Project Expansion Information

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

4A. Supportive Services for Participants

1a. Describe how The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency.

Families residing at the Family Enrichment Center (FEC) benefit from a supportive housing environment with trained staff available on-site 24 hours a day, 7 days a week. This continuous presence provides immediate access to guidance, crisis intervention, and coaching focused on developing the life skills necessary for long-term housing stability and self-sufficiency. Families also have the assurance that assistance is readily available to address challenges as they arise, helping to reduce stress and uncertainty that can hinder progress toward their goals. By providing a safe, stable, and supportive residential setting, FEC promotes participant engagement, strengthens family resilience, and creates an environment conducive to achieving permanent housing and economic self-sufficiency.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Family Enrichment Center case managers utilize The Salvation Army's Pathway of Hope model to connect participants with a wide range of public and private resources that support their individualized goals. Case managers assist participants in accessing mainstream benefits such as Medicaid, Medicare, SNAP, SSI, and other eligible assistance programs. Through established relationships with housing providers, healthcare organizations, behavioral health agencies, childcare providers, and educational institutions, participants are connected to services that address barriers to self-sufficiency. The Salvation Army is also strengthening its partnership with the Missouri Career Center to facilitate referrals to employment services, workforce development programs, and job training opportunities. By coordinating project services with these community resources, participants receive comprehensive support that extends beyond the scope of this project and promotes long-term stability and economic independence.

2a. Will the applicant conduct and annual assessment of service needs of the program participants?	Yes

3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).

Supportive services and community resource referrals are provided by trained staff available on-site 24 hours a day, 7 days a week, ensuring that residents have timely access to assistance whenever needs or crises arise. This continuous staffing model enhances participant safety, promotes housing stability, and supports consistent progress toward individualized goals. To ensure coordinated and effective service delivery, evening and weekend staff document and communicate all significant resident interactions, concerns, and service needs to the case management and leadership teams. This structured communication process promotes continuity of care, informed decision-making, and a comprehensive approach to addressing barriers to housing stability and self-sufficiency.

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

Identify whether the project will include the following activities:

5A. Project Participants - Households

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

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	0	0	2

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	2	0		2
Persons ages 18-24	2	0		2
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	8	0	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2			1		1				
Persons ages 18-24	2					2				
Children under age 18	4					2			2	
Total Persons	8	0	0	1	0	5	0	0	2	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Persons in Households with Only Children

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

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027?	Yes
4. Select a grant term:	1 Year

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

Acquisition/Rehabilitation/New Construction	
Leased Structures	
Supportive Services	X
HMIS	
VAWA	X

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

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	Yes
6a. Select the number of additional months requested for the initial grant term:	18 months

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Cost for partial wages of case & shelter managers	$20,928
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food items for FEC residents referred through CES	$1,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Cost for partial wages of 24/7 staff to assist with life skills instruction	$52,472
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$74,400
Grant Term		1 Year
Total Request for Grant Term		$74,400

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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

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

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

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$18,600
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$18,600

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	The Salvation Arm...	$18,600

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	The Salvation Army Funds - staff salaries
4. Amount of Written Commitment:	$18,600

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$0	1 Year	$0
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$74,400	1 Year	$74,400
5. Operating (Screen 6G)	$0	1 Year	$0
6. HMIS (Screen 6H)	$0	1 Year	$0
 7. VAWA	$0	1 Year	$0
8. Rural (Only for HUD CoC Program approved rural areas)	$0	1 Year	$0
9. Sub-total of CoC Program Costs Requested			$74,400
10. Admin (Up to 10% of Sub-total in #9)			
11. HUD funded Sub-total + Admin. Requested			$74,400
12. Cash Match (From Screen 6I)			$18,600
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$18,600
15. Total Project Budget for this grant, including Match			$93,000

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: The Salvation Army--Midland Division

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	X
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, “15%”), the type of direct cost base to be used (for example, “MTDC”), and the type of rate (“predetermined,” “final,” “fixed,” or “provisional”).

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 09/25/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

Prefix:	Major
First Name:	Robert
Middle Name:	J.
Last Name:	Mueller
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(314) 646-3000
Fax Number: (Format: 123-456-7890)	(314) 646-3201
Email:	USC_Mid_Leadership@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/25/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

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

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

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

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

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

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

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

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

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

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

Name of Authorized Certifying Official: Robert Mueller

Date: 09/25/2026

Title: Divisional Commander

Applicant Organization: The Salvation Army--Midland Division

PHA Number (For PHA Applicants Only):

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

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	09/25/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/25/2026
1E. SF-424 Compliance	09/25/2026
1F. SF-424 Declaration	09/25/2026
1G. HUD 2880	09/25/2026
1H. HUD 50070	09/25/2026
1I. Cert. Lobbying	09/25/2026
1J. SF-LLL	09/25/2026
IK. SF-424B	09/25/2026
1L. SF-424D	09/25/2026
2A. Subrecipients	No Input Required
2B. Experience	09/25/2026
3A. Project Detail	09/25/2026
3B. Description	09/25/2026
3C. Expansion	09/25/2026
4A. Services	09/25/2026
5A. Households	09/25/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/25/2026
6F. Supp Srvcs Budget	09/25/2026
VAWA Budget	No Input Required
6I. Match	09/25/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/25/2026
7A. Attachment(s)	No Input Required
7D. Certification	09/25/2026