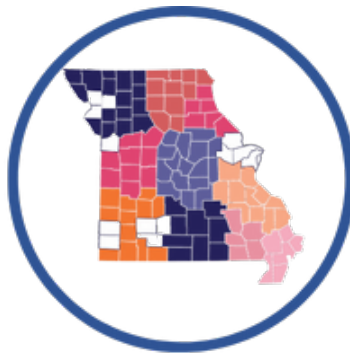


Missouri Balance of State Continuum of Care

APPLICATION INSTRUCTIONS for

Domestic Violence Coordinated Entry Supportive Services Only Award



Missouri Balance of State Continuum of Care

CPSEMO, Lead Agency

Nathaniel Meece, CoC Planning Director

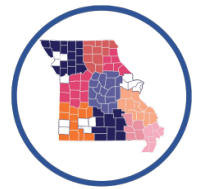
40 S. Sprigg

Cape Girardeau, MO 63701

www.moboscoc.org

573-651-3747, ext 102

ISSUE DATE: June 1, 2023
APPLICATION DEADLINE: June 30, 2023



Appendix A

Section 1: Project Applicant Information

Name of Organization:	
Physical Address:	
Address 2:	
City, State, Zip code:	
MO BoS CoC Region:	
Organization Type:	<input type="checkbox"/> Non-profit 501 (c) (3)
UEI Number (SAM.gov):	
Employer or Tax Identification Number:	
What best describes the applicant agency:	<input type="checkbox"/> CE Lead <input type="checkbox"/> DV Provider <input type="checkbox"/> Service Provider
Has the subrecipient ever received a federal grant, either directly from an agency or through a State/local agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dollar Amount Requested (up to \$27,000 per region)	
Contact Information for Executive Officer:	
Name:	
Title:	
Phone:	
Email:	
Contact Information for person completing this application, if different:	
Name:	
Title:	
Email:	
Contact Information for person responsible for managing project, if different:	
Name:	
Title:	
Email:	

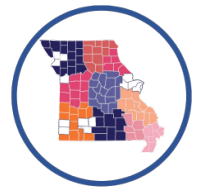
I hereby certify that all information that I have completed and submitted as a part of this application is true and correct and accurately reflects the agency's proposed project. Additionally, I certify that I am legally authorized to sign and submit this information to the MO BoS CoC on behalf of said agency. I understand that any misrepresentation of information or failure to disclose information requested as a part of this application process and may be grounds for recapture of grant funds awarded or received by the agency based on fraud or omission.

Signature of Authorized Official

Date

Name (Typed or printed)

Title (Typed or printed)



Section 2: Eligibility, Requirements, and Threshold Questions

Your project must meet all the following criteria in order to be considered for funding.

Federal Requirements

- Does the agency maintain a drug-free workplace per HUD regulations (24CFR Subpart F)?
 YES NO
- Does the agency participate in any federal lobbying as prohibited by HUD regulations (24 CFR part 87)?
 YES NO
- Does the agency comply with Title VI of the Civil Rights Act with respect to Fair Housing and Equal Opportunity?
 YES NO

Agency Eligibility*

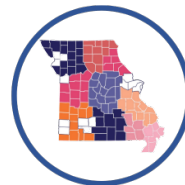
- Is the agency registration current in [SAM?](#) YES NO
- Is the agency registration current with Missouri's Secretary of State?
 YES NO
- Does the agency have outstanding federal delinquent debt? YES NO
 - If yes, is there a negotiated repayment schedule? YES NO
 - If yes, is the repayment schedule not delinquent? YES NO
 - If yes, have you made other satisfactory arrangements? YES NO
- Is the agency a federally debarred contractor? YES NO
- Does the agency have Homeless participation on governing board?
 YES NO

(There is at least one person with a lived experience of homelessness on the governing board) (See Appendix B: Participation of Homeless Individual Form)

- Does the agency have any outstanding findings on its annual financial audit?
 YES NO

If you have HUD funding, has your agency been monitored by HUD in the last 12 months?

- YES NO
- If yes, were there any findings from the monitoring? YES NO
- If there were findings, please describe the findings and your agency's corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted to HUD



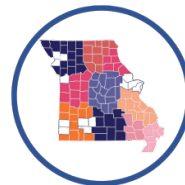
Project Eligibility*

- Project commits to using DV Bonus funds to serve only individuals and/or families, including unaccompanied youth, who are residing in emergency shelter, or a location not meant for human habitation AND qualify under the domestic violence criteria in paragraph (4) of the HUD definition of homelessness, including persons fleeing or attempting to flee human trafficking⁵
 - YES NO (note that projects indicating “no” are not eligible to apply)
- Project commits to using the Housing First model⁶
 - YES NO (note that projects indicating “no” are not eligible to apply)

*If your response to any of these questions is “No”, please provide additional information describing any circumstances that may have contributed to the outcome:

⁵ See Appendix C, E for additional information.

⁶ See Appendix C for additional information.



Section 3 : Budget

Funds may only be used to assist program participants for whom the subrecipient of funds is not providing housing or housing assistance.

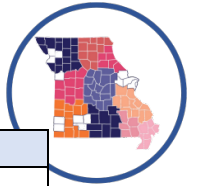
Eligible costs under this award are enumerated under 24 CFR § 578.53. Please see Appendix D for detail on eligible costs.

Will this project leverage funds from sources other than the DV CE SSO Grant? YES NO

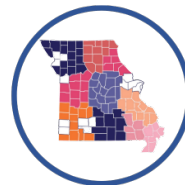
If yes, please list what other sources will be used, whether they are already secured or tentative, and the total amount from each other source:

Please fill out the table on the next page to the best of your ability based on your anticipated program budget for a 12-month time period. MO BoS CoC recognizes that this budget is likely to change over the course of project implementation; the applicant may work with MO BoS CoC to complete one reasonable budget modification during the award period if necessary.

This budget should include all costs that will be charged to the DV CE Award. Please note if all or a portion of a line item will be provided through a partner agency. If more space is needed, you may include an additional page with your application explaining your budget.



Line Item	Budget	Notes (if needed)
Annual Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Total Budget		



Section 4 : Certification of Applicant

Please sign noting your agreement with the following:

I understand that funding will be made available to reimburse the organization for all allowable project- related costs. Funding will not be paid in advance. By signing below, I understand my agency will have to carry the expenses for a 30-60 day time period.

The organization is incorporated as a 501c3 and serves low-income individuals, families, and communities in Missouri.

If awarded funding, the organization’s board of directors will sign off on the project.

The organization is prepared to actively work with MO BoS CoC to measure the project’s outcomes and document lessons learned while implementing the project.
