Call to Order / Roll Call

Approval of standing committee minutes for February 27, 2012.

Committee Agenda

Item No. 1 - RESOLUTION

Synopsis:
Schedule a public hearing for May 3, 2012, and consider a resolution authorizing submission of a substantial amendment to the 2011-2012 One-Year Action Plan as part of the consolidated plan to HUD, submitted by Wilba Miller, Community Development Director. This action is necessary in order to receive the second allocation of FY 2011 Emergency Solutions Grant (ESG) funds.

Tracking #: 120074
Item No. 2 - COMMUNICATION

Synopsis:
Communication requesting consideration of the following applications, submitted by Chris Slaughter, Land Bank Manager. The Land Bank Advisory Board has recommended approval of the applications.

Side-lot applications for yard expansion
2024 N. Tremont St. - Denise Maxwell
1830 S. 16th St. - Jamie Seymour
1526 W. 39th Ave. - Albert Nelson
1528 W. 39th Ave. - Albert Nelson

Applications
1964 N. 3rd St. - KCK Housing Authority for public housing single dwelling homes
312 Troup Ave. - KCK Housing Authority for public housing single dwelling homes
315 Parallel Ave. - KCK Housing Authority for public housing single dwelling homes
2016 N. 3rd St. - KCK Housing Authority for public housing single dwelling homes
320 S. Valley St. - Cultivate Kansas City for a community garden
1281 Allen Ave. - Cultivate Kansas City for a community garden
1267 Allen Ave. - Cultivate Kansas City for a community garden
323 S. 14th St. - Cultivate Kansas City for a community garden
3918 Rowland Ave. - Cultivate Kansas City for a community garden
3919 Georgia Ave. - Cultivate Kansas City for a community garden
500 Freeman Ave. - Somali-Bantu Foundation of Kansas for a community garden

Tracking #: 120068

IV. Adjourn
The meeting of the Neighborhood and Community Development Standing Committee was held on Monday, February 27, 2012, at 5:00 p.m., in the 6th Floor Human Resources Training Room of the Municipal Office Building. The following members were present: Commissioner Holland, Chair; Commissioners Kane, McKiernan and Barnes. Commissioner Maddox was absent.

I. Chairman Holland called the meeting to order. Roll call was taken and members were present as shown above.

II. Approval of standing committee minutes for January 30, 2012. On motion of Commissioner McKiernan, seconded by Commissioner Kane, the minutes were approved. Motion carried unanimously.

III. Committee Agenda:

Item No. 1 – 120045… Communication requesting consideration of the following applications, submitted by Chris Slaughter, Land Bank Manager. The Land Bank Advisory Board has recommended approval of the applications.

Chris Slaughter, Land Bank Manager, stated we have four land bank properties that are under consideration for side-lot applications. One of them does have two applicants, which normally we would go to a best and final, but in their initial application they both stated separate uses. Mr. Schembs wanted to put a garden in. Mr. Bremenkamp was looking for side-lot extension. If you look at the map in your packet, Mr. Schembs would be perpendicular to this property that is basically adjacent to Mr. Bremenkamp’s property. It is for that reason the Land Bank would recommend that this property go to Mr. Bremenkamp. I would also ask that you make a motion that Mr. Schembs application be denied. I will contact him with a correspondence letter. At the full commission there will be the four properties with the four applicants.
Side-Lot Applications
2223 S. 22nd St. - Michael Schembs for yard extension/garden/landscape and Delbert Bremenkamp for yard extension (Land Bank recommended Mr. Bremenkamp)
1622 and 1624 S. Mill St. - Timothy Hinemeyer for yard extension
500 Garfield Ave. - Alexzadria Stuart for yard extension
1940 N. 8th St. - Alexzadria Stuart for yard extension

Action: Commissioner McKiernan made a motion, seconded by Commissioner Kane, to deny Mr. Schembs. Roll call was taken and there were four “Ayes,” Kane, McKiernan, Barnes, Holland.

Action: Commissioner Kane made a motion, seconded by Commissioner Barnes, to approve the four yard extensions. Roll call was taken and there were four “Ayes,” Kane, McKiernan, Barnes, Holland.

Mr. Slaughter stated there are four community gardens presented by the Strugglers Hill Community Group and Mr. Chester Owens is leading that effort. They are for community gardens for their neighborhood group.

Buildable Applications for a community garden
1112 Everett Ave. - Strugglers Hill/Roots Neighborhood Group c/o Chester Owens
1116 Everett Ave. - Strugglers Hill/Roots Neighborhood Group c/o Chester Owens
1120 Everett Ave. - Strugglers Hill/Roots Neighborhood Group c/o Chester Owens
1131 Everett Ave. - Strugglers Hill/Roots Neighborhood Group c/o Chester Owens

Action: Commissioner Barnes made a motion, seconded by Commissioner Kane, to approve. Roll call was taken and there were four “Ayes,” Kane, McKiernan, Barnes, Holland.

IV. Adjourn

Chairman Holland adjourned the meeting at 5:10 p.m.

February 27, 2012
**Staff Request for Commission Action**

Type: Standard

Committee: Neighborhood and Community Development Committee

Date of Standing Committee Action: 4/2/2012

(If none, please explain):

### Proposed for the following Full Commission Meeting Date: 5/3/2012

### Changes Recommended By Standing Committee (New Action Form required with signatures)

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
<th>Ref</th>
<th>Department / Division</th>
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<tbody>
<tr>
<td>3/28/2012</td>
<td>Wilba Miller</td>
<td>573-5100</td>
<td><a href="mailto:wmiller@wycokck.org">wmiller@wycokck.org</a></td>
<td></td>
<td>Community Development</td>
</tr>
</tbody>
</table>

**Item Description:**

The Department of Housing and Urban Development (HUD) has announced funding amounts awarded under the 2nd allocation of FY 2011 for ESG. This funding is in conjunction with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The Unified Government has been awarded an additional $61,498 to be used under the new Emergency Solutions Grant (ESG) formerly referred to as Emergency Shelter Grant.

As part of the requirements to receive the 2nd allocation for ESG, the Unified Government must submit a substantial amendment to the 2011-12 One-Year Action Plan as part of the Consolidated Plan to HUD by 5/15/12. Attached is a draft copy of the substantial amendment.

**Action Requested:**

To schedule a public hearing before the Full Commission on 5/3/2012 and to adopt the resolution amending the 2011-12 One-Year Action Plan. This action will authorize the Mayor/CEO to sign all certification documents as part of HUD's submission and award process.

**Publication Required**

**Budget Impact: (if applicable)**

- **Amount:** $61,498
- **Source:**
  - Included In Budget
  - Other (explain) ESG 2nd FY - 2011 Allocation
RESOLUTION NO. ____________________________

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS:

That the Mayor/Chief Executive Officer of the Unified Government of Wyandotte County/Kansas City, Kansas is hereby authorized and directed to execute in the name of the Unified Government, and the Unified Government Clerk is hereby authorized and directed to attest the signature of said Mayor/Chief Executive Officer and to attach the seal of the Unified Government thereto as the voluntary act of the Unified Government to AUTHORIZE THE SUBMISSION OF A SUBSTANTIAL AMMENDMENT TO THE 2011-2012 ANNUAL ACTION PLAN TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR THE EMERGENCY SOLUTIONS GRANT.

ADOPTED BY THE BOARD OF COMMISSIONERS OF THE UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS THIS 3rd DAY OF MAY 2012.

___________________________________________
Mayor/CEO Joe Reardon

Attest:

___________________________________________
Unified Government Clerk

Approved as to Form:

_____________________________  
Jody Boeding, Chief Counsel
Unified Government of Wyandotte County/Kansas City, KS
Department of Community Development

Substantial Amendment

Emergency Solutions Grant

Department of Community Development
701 N. 7th Street, Kansas City, KS 66101
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EMERGENCY SOLUTIONS GRANT AMENDMENT SUBMISSION REQUIREMENTS

Requirements for Preparing Substantial Amendment to the FY 2011 Consolidated Annual Action Plan

☐ CONSULTATION

☐ CITIZEN PARTICIPATION

Required Contents of Substantial Amendment - 24 CFR 91.220(a), (c), (d), (e), (1) (4); 91.225 (c); 91.320(a), (c), (d), (e), (k)(3); 91.325(c)

☐ Standard Form 424 (SF-424)

☐ Summary of the Consultation Process

☐ Summary of the Citizen Participation Process

☐ Match

☐ Proposed Activities and Overall Budget
  ➢ Proposed Activities
  ➢ Funding Priorities
  ➢ Detailed Budget (including: FY 2011 Detailed Budget Table)

☐ Written Standards for Provision of ESG Assistance (24 CFR 91.220(1)(4)(i); 91.320(k)(3)(i); 576.400 (e)(1), (e)(2), and (e)(3)
  ➢ Standard Policies and Procedures for evaluating individual’s and families’ eligibility for assistance under Emergency Solutions Grant (ESG)
  ➢ Policies and Procedures for coordination among homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers
DRAFT

➢ Policies and Procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive re-housing assistance.

➢ Standards for determining the share of rent and utilities costs that each program participant must pay, if any, while receiving homelessness prevention or rapid re-housing assistance.

➢ Standards for determining how long a particular participant will be provided with rental assistance and whether the amount of that assistance will be adjusted over time.

➢ Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance; maximum number of months the program participant receives assistance; or the maximum number of times the program participant may receive assistance.

☐ Making Sub-Awards

☐ Homeless Participant Requirement

☐ Performance Standards

☐ Certifications – 24CFR 91.225(c) 91.325(c)

☐ Written Standards required for recipients who are eligible and decide to use part of the second allocation FY 2011 funds for emergency shelter and street outreach activities

➢ Local Governments and Territories

☐ Requirements for recipients who plan to use the risk factor under paragraph (1)(iii)(G) of the “at risk of homelessness” definition

☐ Requirements for Optional Changes to the FY 2011 Annual Action Plan

➢ Centralized or Coordinated Assessment System

➢ Monitoring
DRAFT

THE EMERGENCY SOLUTIONS GRANT
SUBSTANTIAL AMENDMENT TO THE
2011-2012 ACTION PLAN

<table>
<thead>
<tr>
<th>Jurisdiction(s): Kansas City, KS</th>
</tr>
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<tr>
<td>Jurisdiction Web Address: <a href="http://www.wycokck.org">www.wycokck.org</a></td>
</tr>
</tbody>
</table>

| Contact Person: |
| Wilba J. Miller, Director |

| Address: |
| Department of Community Development |
| 701 N. 7th Street |
| Kansas City, KS 66101 |
| Telephone: (913) 573-5100 |
| Fax: (913) 573-5115 |

Introduction:
In 2009, programs under the McKinney-Vento Homeless Assistance Act were consolidated into a single program. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act formally codified the Continuum of Care planning process within federal regulations. As a result, the Emergency Shelter Grant Program became the Emergency Solutions Grant Program.

On November 15, 2011, the Department of Housing and Urban Development (HUD) posted the interim rule for the Emergency Solutions Grants program and Consolidated Plan conforming amendments on HUD’s Homelessness Resource Exchange Web site at www.hudre.info. Also, on November 15, HUD announced the amounts of a second allocation under the Fiscal Year 2011 Emergency Shelter Grants program/Emergency Solutions Grants (ESG) program. Kansas City, KS was awarded an additional $61,498 in ESG funds.

To receive funds from the second allocation, Unified Government of Wyco/KCK must prepare and obtain HUD approval of a substantial amendment to its 2011 Consolidated Plan Annual Action Plan. The HUD announcement provided guidance on critical decisions to be made in the planning process.

The funds provided to recipients in the second allocation are subject to all ESG requirements under the Interim Rule. The Interim Rule shifts the main focus from emergency shelter to assisting people to quickly regain stability in permanent housing. HUD is encouraging communities to focus as much as possible on rapidly re-housing persons who are literally homeless in order to reduce the number of persons who are living in shelters and on the streets in order to end homelessness within communities across the country.
Substantial Amendment

A. Requirements for Preparing the Substantial Amendment to the FY 2011 Consolidated Annual Action Plan

1. Consultation

Consistent with sections 402(f) and 413(b) of the McKinney-Vento Act, the interim rule contains a new requirement for ESG recipients to consult with their local Continuum of Care. The requirement for consultation is intended to facilitate discussion and coordination within the community aimed at enhanced efficiency in the utilization of ESG and other funds provided to assist the homeless and at risk population. To meet this requirement, Community Development staff convened a meeting on March 20, 2012, with the Executive Board members of the local Continuum of Care to discuss strategy, priorities and guidelines for the new ESG allocation. A subsequent meeting and presentation was made to the membership and feedback solicited. The discussion topics for both meetings focused on priorities, needs of the target population, allocation of funds for eligible activities, requests for proposal (RFP) and award process, development of performance standards to evaluate outcomes for ESG assisted projects, development of various written policies and procedures for administration of ESG funding. A summary report of the meeting is included in the List of Attachments to this document.

2. Citizen Participation

SUMMARY OF CITIZEN PARTICIPATION

Public Comment Outreach for Substantial Amendment to FY 2011-2012 Annual Action Plan

The following actions were taken to inform citizens about the Emergency Solutions Grant and the Substantial Amendment, to provide notice of the upcoming public hearing, and to seek public comment.

- Public Notice in The Wyandotte Echo (Legal publication for the Unified Government)
- Public Notice in Dos Mondos (Spanish newspaper)
- County’s website: http://www.wycokck.org/commdev/ - Posting of Draft Substantial Amendment document to County’s website, to remain on website until replaced by Final documents, upon its adoption by the Board of Commissioners
- Copy of Document made available at Dept of Community Development
- Announcement: Submitted to Liveable Neighborhoods (local group of neighborhood associations)
- Announcement: Wyandotte Homeless Services Coalition (CoC)
DRAFT

B. Required Contents of Substantial Amendment - 24 CFR 91.220(a), (c), (d), (e), (1) (4); 91.225 (c); 91.320(a), (c), (d), (e), (k)(3); 91.325(c)

1. Standard Form 424 (SF-424)

The HUD Form 424 for this Substantial Amendment is included in the attachments.

2. Summary of the Consultation Process

In addition to the information provided at Section A.1 above, see List of Attachments to this document.

3. Summary of the Citizen Participation Process

In addition to the information provided Section A.2 above, see List of Attachments to this document.

4. Match

ESG Interim Regulations 576.201 Matching Requirements require that all recipients except territories must match the second allocation with an equal amount of other federal, state and/or local resources (cash and/or non-cash). Accordingly, The Unified Government will match the second ESG allocation of $61,498 with partial staff salaries through the Community Development Block Grant (CDBG) and funding of a vacant coordinator position for the local Continuum of Care. The CDBG match sources will be committed to carry out eligible grant administration costs, and the coordination, training and fundraising duties carried out by the CoC Homeless Services Coordinator position.

In addition, Unified Government will not require the sub-recipients awarded funding in the County's Substantial Amendment to provide a match for this additional funding. However, future sub-recipients may be responsible for the required match with one or more of the following: The value of materials or building, the value of any lease on a building, salary paid to staff carrying out the ESG Program, and/or time and services contributed by volunteers to carry out the ESG Program (determined at a rate of $5.00 per hour).

<table>
<thead>
<tr>
<th>Unified Government 2nd ESG Allocation Amount</th>
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<tr>
<td>CDBG Administration Match</td>
<td>$ 16,498</td>
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<tr>
<td>CDBG funds allocated to homeless services</td>
<td>$ 45,000</td>
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<tr>
<td>Total of match for ESG second award</td>
<td>$ 61,498</td>
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5. Proposed Activities and Overall Budget

a. Proposed Activities

Unified Government Community Development will allocate the second allocation of the Emergency Solutions Grant to fund the following activities:

- **Rapid Re-Housing** - Homeless Relocation and Stabilization Services Rental Assistance
- **Homeless Prevention** - Rental Assistance

The second allocation will be awarded to homeless service providers funded under the FY 2011 1st Allocation. The Unified Government does not anticipate re-allocating ESG funds awarded in the 2011 Annual Action Plan.

b. Discussion of Funding Priorities

In accordance with 24 CFR Parts 91 and 576 and consultation with the local continuum of care it has been determined that rapid re-housing activities and homeless prevention should be given the highest funding priorities. Analysis of the HPRP grant funded under the stimulus act of 2009, has shown this approach to homelessness as a more efficient means of addressing this challenge. Kansas City, KS will focus its second allocation of the Emergency Solutions Grant award of $61,498 on the following priorities.

**Rapid Re-Housing** (serving the homeless)

**Homeless Prevention** (serving those at risk of homelessness)

c. Detailed Budget

A copy of the Fiscal Year 2011 Detailed Budget Table can be found in Attachment 4.
6. Written Standards for Provision of ESG Assistance  
(24 CFR 91.220(1)(4)(i); 91.320(k)(3)(i); 576.400 (e)(1), (e)(2), and (e)(3))

a. **Standard Policies and Procedures for evaluating individual’s and families’ eligibility for assistance under Emergency Solutions Grant (ESG)**

The ESG program requires that jurisdictions establish a series of written standards (policies and procedures) to be used in administering ESG activities. These standards are specified, enforced and monitored through a project administration agreement with each of the agencies (subrecipients) awarded ESG funding.

The **First Step** for the ESG programs awarded funding under the 2nd allocation is to determine client eligibility. Third party documentation is the preferred documentation of homeless status. Whenever possible, third-party documentation of the criteria used to determine client eligibility should be obtained. An exception for third party documentation can be made for subrecipients that provide emergency shelter assistance (i.e. a bed for one night for homeless individuals and families or victims of domestic violence).

- **Initial Consultation & Eligibility Determination:** The household must receive at least an initial consultation and eligibility assessment with a case manager or other authorized representative who can determine eligibility and the appropriate type of assistance needed. ESG clients must meet one of the following definitions of homelessness (Refer to Attachment 5):
  1. Literally homeless
  2. At imminent risk of homelessness
  3. Homeless under federal status
  4. Fleeing/attempting to flee domestic violence

- **Income:** The household’s total income must be below 30 percent of Area Median Income (AMI)

- **Housing Status:** Case files must document the current housing status of the client. To receive rental financial assistance, a client must have recently become homeless (to receive rapid re-housing assistance) or is at risk of losing its housing (to receive homeless prevention assistance)

The criteria listed above are the minimum criteria established by HUD to determine eligibility for ESG (Refer to Attachment 5). HUD allows jurisdictions such as Kansas City, KS to consider other local needs and additional risk factors to help determine if these should apply in establishing eligibility requirements. Additional determinants used to establish eligibility are:
All households receiving prevention or rapid re-housing assistance under ESG must be residents of Kansas City, KS.

In order to receive ESG rental financial assistance, the client must also demonstrate the following circumstances:

1. No appropriate subsequent housing options have been identified;
2. The household lacks the financial resources to obtain immediate housing or remain in its existing housing; and
3. The household lacks support networks needed to obtain immediate housing or remain in its existing housing.

Once it is determined that the client meets the homeless definition, income, and housing status criteria based on the regulations, it is important to then assess whether the ESG program is the most appropriate program for that individual or household.

The Second Step is to determine the type of service(s) that the client will be receiving. ESG clients receiving services must have had an initial evaluation including verification of eligibility (first step).

Rapid Re-housing Services: Services consisting of short term and medium term rental assistance, and housing relocation and stabilization services (moving costs, rent application fees, security deposits, last month's rent, utility payments, housing search and placement, case management, mediation, legal services, etc). The service is targeted for individuals who are literally homeless; however, in Kansas City, KS, priority will be given to individuals and families currently residing in emergency shelters and with children enrolled in Kansas City, KS schools.

Homeless Prevention Services: Services consist of short term and medium term rental assistance, and housing relocation and stabilization services (rental arrears, utility payments). These services are targeted for individuals and families who are at imminent risk of homelessness. Documentation of imminent loss of housing includes not only a court order resulting from an eviction action or the equivalent notice under Kansas law, but also a formal eviction notice, a Notice to Quit, or a Notice to Terminate, that require the individual or family to leave their residence within 14 days after the date of their application for homeless prevention assistance.

Both prevention and relocation services should include the following documentation in the client's file:

- Documentation showing eligible use of ESG Financial Assistance and Housing Unit (Refer to Attachment 7)
- Assessment of clients, coordination of services and monitoring of progress to facilitate housing stability (Refer to Attachment 8).
ESG financial assistance cannot be provided to eligible individuals or families for the same period of time and for the same cost types, for which they are being provided assistance through another federal, state, or local housing subsidy program. These costs include, but are not limited to: rent payments, security deposits, utility deposits, utility payments, and moving cost assistance. For example, if a client is receiving rental assistance from another source (either a full or partial subsidy), ESG funds may not be used for rental assistance during that same time period.

b. Policies and Procedures for coordination among emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers.

The ESG program requires coordination among participating agencies. All ESG subrecipients in Kansas City, KS are experienced homeless providers with a minimum of two years experience, have demonstrated fiscal accountability, and possess a good track record in the provision of homeless services. Additionally, the project administration agreement with ESG subrecipients will require coordination among agencies receiving ESG funds to administer homelessness prevention, re-housing services and related assistance, and access to mainstream services and housing providers for clients. ESG funded agencies will use the local HMIS (MAAC-LINK) for data entry and cross referencing for client eligibility. ESG funded agencies have easy access to membership in the Continuum of Care. The Continuum of Care has over 30 member organizations including homeless service providers, veteran service representatives, churches and government organizations. The Continuum of Care meets on a monthly basis and shares information about services among participating agencies.

At a minimum, clients should be provided access or information to the following list of programs:

- Information hotline for social services
- Social security benefits
- Food stamp assistance
- Low Income Energy Assistance Programs
- Affordable housing database
- Job training programs
- Medical and mental health Services
- Education programs
- Specialized services such as legal services, credit counseling
- Services for victims of domestic violence
- Veteran services

c. Policies and Procedures for determining and prioritizing which eligible families and individuals will receive homeless prevention assistance and which eligible families and individuals that will receive re-housing assistance.
As explained in Section 6.a, Standard Policies and Procedures for evaluating individual's and families' eligibility for assistance under ESG, to be eligible for ESG assistance, grantees and subrecipients must establish policies to assess and document that the individual or family is eligible to receive ESG assistance. While meeting one of the HUD’s definitions for homelessness is essential, it is more challenging to identify which families and individuals will receive homeless prevention assistance or re-housing assistance.

Service providers must first consider that homeless prevention assistance is aimed at households who are at risk of losing their present housing and becoming homeless. While there are many people who are housed and have a great need for rental assistance, not everyone will become homeless without assistance. HUD requires ESG grantees and subrecipients to target prevention assistance to those households that are at the greatest risk of homelessness. Subrecipients will utilize a Needs and Risk Assessment (included in Attachment 6) to identify the level of crisis of a client and prioritize those who are at greatest risk of becoming homeless. The matrix ranks several areas of a client's need (income, housing, food, childcare, health care, life skills, and other needs) and measures the level of need to provide a risk assessment that is fair and objective. Due to the limited amount of funding, assistance will be provided on a first come, first served basis, if the client meets the eligibility and priority criteria. Additionally, these households must demonstrate that they will imminently lose their housing, if they do not receive the ESG assistance.

Additionally, it should be noted that homeless re-housing assistance is intended for individuals or families who meet the homeless definition described in Section 103, 42 USC 11302 of the McKinney Vento Act, as amended by the HEARTH Act. While there are many homeless individuals and families in Kansas City, KS at any given night, the re-housing assistance is intended for households who have recently become homeless and lack the resources to stabilize their housing needs, in particular families who have become homeless, are residing in a shelter and have children in Kansas City, KS schools. This priority was established after consultation with the Continuum of Care and citing HUD's preference for prioritizing Rapid Re-housing. The assistance will be provided on a first come, first served basis for households who meet all the required eligibility criteria.

d. Standards for determining the share of rent and utilities costs that each program participant must pay, if any, while receiving homeless prevention or rapid re-housing assistance.

ESG rental assistance is intended to stabilize individuals and families who have recently endured difficult financial circumstances that have led them into homelessness or who are at imminent risk of becoming homeless. For homeless prevention assistance, the rental assistance consists of short term rental assistance (3 months); extended under certain circumstances after re-assessment to medium term rental assistance (for an additional 3 months). The total maximum length of assistance is 6 months. Not every individual or family in need of rental assistance is a candidate for ESG homeless prevention or rapid re-housing assistance. ESG rental assistance is not a substitute for Section 8 rental assistance or a permanent rental subsidy, but a tool to help stabilize families or individuals who are at imminent risk of becoming homeless and lack any other resources to help them stabilize their housing situation.
As a general rule, an individual or household should pay approximately 30% of their income towards rent. However, ESG clients are experiencing an acute financial hardship, where a client is literally homeless or at imminent risk of homelessness with no other resources. Kansas City, KS will require a minimum client/participant payment of $25 towards rent in order to receive ESG rent assistance. The ESG assistance will consist of the remaining portion of the rent, up to $800 (excluding the clients’ contribution towards the rent). Clients are required to be re-screened (3) month’s after initial intake. If a client is experiencing extreme financial hardship, after consideration of specific circumstances, the ESG assistance may be extended over a period of 3 additional months, but the ESG portion of the rent will be reduced and the client will be required to pay 30% of their adjusted income towards rent. There is a maximum cap of prevention assistance per client, per fiscal year of $2,500.

Due to the limited amount of funds available, the ESG assistance will not exceed $1,000 per client per month in combined ESG assistance, including rent and utility payments. Generally, clients should be responsible for paying for their own utility costs while provided rental assistance with ESG, unless they are experiencing acute financial hardship, or are at risk of losing their housing due to utility shut off. Clients seeking utility only assistance may be eligible for ESG assistance if it can be documented that they will lose their housing and become literally homeless if utility assistance is not provided; however, the household must meet other ESG eligibility requirements. In such cases, the subrecipient must document in the case file that the utility company will in fact disconnect the utility service if the full amount or a partial payment is not paid, and that if there is disconnection of utility service it will cause housing to be unsafe, or otherwise cause eviction (i.e. applicant is required to have utility service per their lease). Subrecipients must document that the client has not received other utility assistance such as a local Low Income Housing Energy Assistance Program in the past six months. Whenever possible, clients will be referred to or will be assisted by other local funds. Assistance for utility arrears should not be greater than 2 months total.

A copy of the utility shut-off notice or arrears statement is not sufficient by itself to document program eligibility. Subrecipients are responsible for verifying and documenting eligibility for all ESG clients prior to providing ESG rental assistance. Subrecipients with insufficient case file documentation may be found out of compliance with ESG program regulations during a monitoring visit.

Under re-housing assistance, a client’s share of rent should be based on a client’s ability to pay during their path to housing stabilization, with a minimum $25 client contribution. Clients receiving re-housing assistance must be re-assessed at least once during a 6 month period. The maximum length of re-housing assistance will be 6 months and the total maximum ESG assistance per client in the 2011-2012 fiscal year is $3,500. The assistance should not exceed $1,000 per month per client, except for the first month of assistance if client requires assistance with other re-housing expenses such as rent deposits or utility deposits.

e. Standards for determining how long a particular participant will be provided with rental assistance and whether the amount of that assistance will be adjusted over time.
ESG assistance consists of short term (up to 3 months) to medium term (up to 6 months) rental assistance to allow individuals or families who have recently encountered a financial crisis that has led them into homelessness or at imminent risk of homelessness, to gain housing stabilization. Since the program consists of temporary assistance aiming at rapid stabilization of households, clients are required to contribute a portion of their income towards rent. Clients with no potential to earn income may not be suitable candidates for this type of assistance, unless other subsidies can be accessed after the ESG assistance expires.

Clients assisted under ESG Prevention Assistance are eligible to receive the rental assistance for up to 3 months if they meet income eligibility during the 3 month period and comply with the case management requirements of the program. At the end of the third month, clients must be re-assessed to determine if the client’s rental assistance needs to be extended for an additional 3 month period. If the ESG rental assistance is extended for an additional 3 months, the ESG assistance is reduced or adjusted over the time that the client is receiving rental assistance and the client’s portion of the rent should be 30% of their adjusted household income.

Clients assisted under ESG Re-housing Assistance are eligible to receive rental and utility assistance for up to 6 months if they meet income eligibility during the 6 month period. Re-housing clients must be evaluated at least once during the 6 month period. Monthly case management is highly recommended. The ESG rental assistance should be reduced gradually and the client’s portion of the rent should be 30% of their adjusted household income by the end of the 6 month period.

f. Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant, including the limits, if any, on homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance; maximum number of months the program participant receives assistance; or the maximum number of times the program participant may receive assistance.

Due to limited funds, Kansas City, KS will determine each fiscal year the maximum amount of total prevention or re-housing assistance to be given to clients in a given fiscal year. For fiscal year 2011-2012, the maximum amount per client for prevention services (including rent and utilities) is $2,500. The maximum for re-housing services is $3,500. These limits will be included in the project administration agreement with the sub-recipient.

For clients who are able to afford their rent and avoid eviction, if they are assisted with utility costs, the maximum prevention assistance for utilities may not exceed $300 per month for a maximum of 2 months. The maximum payment for utility arrears is 2 months. However, these clients must not have received other forms of utility assistance in the past six (6) months.
7. Making Sub-Awards

The Unified Government utilizes a Request for Proposal (RFP) process to award funding to eligible non-profit agencies. The ESG program will solicit project applications for the ESG 2nd allocation to sub-recipients. This process will be conducted upon approval of the substantial amendment by HUD. The local CoC will be asked to participate in the process by appointing a member/representative to sit on the evaluation and funding committees. All final funding decisions must be approved by the director of Community Development.

8. Homeless Participant Requirement

The Wyandotte Homeless Services Coalition (CoC) has a member on its board of directors who was formerly homeless. This individual is active and regularly gives their input on policy and board actions. As part of the consultation process in preparation of the draft substantial amendment, Community Development staff conducted meetings, made presentations and solicited formal feedback regarding the ESG 2nd allocation from the CoC.

9. Performance Standards

Based on earlier discussions with the local Continuum of Care, The Unified Government of WYCO/KCK is proposing the following performance standards for the 2011-2012 Emergency Solutions Grant:

Performance Measures for Homelessness Prevention

a. A reduction in the number of homeless households forced to seek services of a homeless shelter as a result of pending eviction or voluntary loss of housing. (According to United Way’s 2-1-1 Hotline 31% of shelter seekers in Wyandotte County (KCK) are turned away due to lack of beds)

b. Expected Outcome: At least 35% of participants assisted will remain in permanent housing six (6) months after the last assistance provided under ESG.

Performance Measures for Homeless Rapid Re-Housing

a. A reduction in the number of homeless households residing in shelters or in need of shelter beds. Special emphasis on households with children enrolled in KC, KS schools. (According to United Way’s 2-1-1 Hotline 37% of shelter seekers in Wyandotte County (KCK) are children).

b. Expected Outcome: At least 35% of participants assisted will remain in permanent housing six (6) months after the last assistance provided under ESG.
10. Certifications – 24CFR 91.225(c) 91.325(c)
   Required certifications are included as Attachment 9.

C. Written Standards required for recipients who are eligible and decide to use part of the second allocation FY 2011 funds for emergency shelter and street outreach activities

The Unified Government (Kansas City, KS) will not use its second allocation FY 2-11 for shelter or outreach activities. The emphasis and priority for funding has been proposed for Rapid re-housing and Housing Relocation & Stabilization Services (Prevention).

D. Requirements for recipients who plan to use the risk factor under paragraph (1)(iii)(G) of the “at risk of homelessness” definition

E. Requirements for Optional Changes to the FY 2011 Annual Action Plan

1. Centralized or Coordinated Assessment System

The Interim Rule introduces a proposed requirement for ESG recipients and subrecipients to use a centralized or coordinated system to initially assess the eligibility and needs of each individual or family who seeks homeless assistance or homeless prevention assistance. This centralized or coordinated system would be developed and implemented by the Continuum of Care in accordance with the minimum requirements established by HUD.

HUD is currently developing its minimum requirements for public review and comment in the upcoming proposed rule for the Continuum of Care program. At this time, Kansas City, KS is not required to use a centralized or coordinated assessment system until the Continuum of Care final rule has been published. Its should be noted that the HPRP program implemented by Kansas City, KS through it’s sub-recipient agencies made use of a coordinated intake and assessment protocol by conducting phone consultations, meetings and data entry at their offices and entering the data into the local HMIS (MAAC-LINK). This allowed for extraction of empirical data for quarterly reports and performance tracking. The ESG program will follow this same procedure for prevention and rapid re-housing activities during the 2011-12 fiscal year.

2. Monitoring

In Kansas City, KS, monitoring is an ongoing process throughout each program year which extends from the beginning of the contract date to the end of the program fiscal year. Monitoring will begin with approval for funding and is conducted to determine consistency with ESG Interim regulations. The selected activities must meet eligibility requirements before they are funded. All agreements signed with sub-recipients will include language summarizing performance standards, regulations and certifications.

Department staff will also conduct on site monitoring visits of its funded ESG agencies and provide technical assistance. The Monitoring Form for ESG is included with this document as (Attachment 10).
DRAFT

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**LIST OF ATTACHMENTS**

<table>
<thead>
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<th>ATTACHMENT 1:</th>
<th>STANDARD FORM 424</th>
</tr>
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<td>ATTACHMENT 2:</td>
<td>CONSULTATION</td>
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<td>ATTACHMENT 3:</td>
<td>CITIZEN PARTICIPATION, PUBLIC NOTICE AND PUBLIC COMMENTS</td>
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<td>ATTACHMENT 4:</td>
<td>FY 2011-2012 DETAILED BUDGET TABLE 3C CONSOLIDATED PLAN LISTING OF PROJECTS</td>
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<td>ATTACHMENT 5:</td>
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<td>ATTACHMENT 7:</td>
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<td>ATTACHMENT 8:</td>
<td>SERVICE PLAN AND TERMINATION POLICY</td>
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<td>ATTACHMENT 9:</td>
<td>CERTIFICATIONS</td>
</tr>
<tr>
<td>ATTACHMENT 10:</td>
<td>MONITORING FORM</td>
</tr>
</tbody>
</table>
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   - Construction
   - Non-Construction

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE
   - State Application Identifier: 00-1234567890-123

4. DATE RECEIVED BY FEDERAL AGENCY
   - Federal Identifier: 00-1234567890-123

5. APPLICANT INFORMATION
   - Legal Name:
     - United Government of Wyandotte County Kansas City, Kansas
   - Address:
     - 101 N. 7th Street Room 223
   - City:
     - Kansas City
   - County:
     - Wyandotte
   - Zip Code:
     - 66101
   - Other:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   - 123-456-7890

7. TYPE OF APPLICATION:
   - New
   - Continuation
   - Revision

8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   - 123-456-7890-123

9. NAME OF FEDERAL AGENCY:
   - U.S. Department of Housing and Urban Development

10. DISCLOSIVE TITLE OF APPLICANT'S PROJECT:

11. CONGRESSIONAL DISTRICTS OF:
   - Applicant
     - Kansas 3rd & 3rd District
   - Project
     - Kansas 2nd and 3rd Districts

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
   - United Government of Wyandotte County Kansas City, Kansas

13. PROPOSED PROJECT
   - Start Date:
     - December 1, 2023
   - Ending Date:

14. ESTIMATED FUNDING:
   - a. Federal
     - $61,498
   - b. Applicant
     - $78,902
   - c. State
     - $12,345
   - d. Local
     - $7,890
   - e. Other
     - $1,234
   - f. Program Income
     - $4,567
   - g. TOTAL
     - $161,498

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372
   - Yes
   - No

16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES FOR THE ASSISTANCE IS AWWARDED.
   - Authorized Representative
     - First Name: Joe
     - Last Name: Smith
     - Title: Mayor/Chief Executive Officer
     - Signature of Authorized Representative
     - Date: 12/3/2023

Standard Form 424 (Rev. 9-2003)
Prepared by OCS Circular A-102
Wyandotte Homeless Services Coalition
Board of Directors
Housing Authority Conference Room
915 Washington, Kansas City, Kansas
March 20, 2012
Board Meeting Minutes

Present: Pat Pettey, Major Michele Heaver, Debra Watson, Susila Jones, Maria Reyes, Teresa Honeycutt, Sherrie Watkins-Alvey, Wilba Miller, Marlon Goff, Brandy Reynolds

The meeting was called to order by Chair Major Michele Heaver at 8:05 am.

**ESG Changes** – Marlon Goff, Debra Watson, Wilba Miller, Brandy Reynolds
Marlon presented to the board regarding the changes to the Emergency Solutions Grant (ESG), formerly Emergency Shelter Grant. The grant emphasis will shift to permanent housing by focusing on homeless prevention and rapid rehousing. The new ESG is modeled similarly to HPRP. Through FY 2011 ESG, a 2nd allocation of $61,498 will be made available. This second allocation will be awarded under the regulation of the Emergency Solutions Grant and is only available to agencies that received the 1st allocation of 2011 ESG funds. The RFP will be made available to agencies after the U.G. Board of Commissioners adopts the amendment and HUD approves the U.G. proposal. The RFP is not expected before mid-May. Marlon provided the board with an information packet that explains the changes to ESG. Group requested input and feedback on the preliminary proposals from board.

**Coordinator Position Update** – Wilba Miller
Wilba thanked the board for leading the search and interview process for the coordinator position. After receiving the board’s recommendation, Wilba interviewed Kristina and extended her an offer. They are currently in salary negotiations and are awaiting a decision from the U.G. legal department. A decision should be made this week.

**Reading of the Minutes** – Susila Jones
Susila presented the meeting minute from the February 2012 Board of Directors meeting. The minutes were approved by the board.
Treasurer's Report – Brenda Mortell
Brenda was unable to attend the meeting, but she submitted the treasurer's report in writing. Her report was accepted and approved.

2010 PI Day – Major Michele and Debra met with Reverend Bailey regarding the 2010 PI Day Funds. Rev. Bailey has requested the remaining balance of the 2010 PI Day funds for the renovations and operating costs of Love Outreach. The KCK Black Chamber of Commerce is acting as the fiscal agent of Lover Outreach. The board voted that before these funds are released to Love Outreach, Rev. Bailey will be asked to provide a written proposal including a projected operating budget. The board also needs clarification from the treasurer on what amount has already been paid on behalf of Love Outreach and how much remains.

Plan to End Homelessness – Sherrie Watkins-Alvey
Sherrie recently attended the Kansas Interagency on Homelessness convention. She stressed the need for a 5-10 year plan to end homelessness. Most CoCs across the country now have an official plan, and government agencies will expect this from all CoCs. Sherrie recommends that we discuss this further and work to develop a 10 year plan to end homelessness in Wyandotte County.

The meeting was adjourned at 9:00 am.
Minutes prepared and submitted by Susila Jones

NEXT STEPS

- Board will present information on new ESG allocation to member agencies and solicit feedback and input for the draft substantial amendment

- County Staff to prepare draft Substantial Amendment to the ESG program in the Annual Action Plan for FY 2011-2012
ATTACHMENT 3
CITIZEN PARTICIPATION, PUBLIC NOTICE AND PUBLIC COMMENTS

PUBLIC NOTICE
Unified Government Emergency Solutions Grant
FY 2011-2012

This notice advises the public of the amount awarded and proposed activities for the allocation of the 2011-2012 Emergency Solutions Grant. The Emergency Solutions Grant is provided by the U.S. Department of Housing and Urban Development (HUD) and administered in accordance with the McKinney-Vento Act, as amended by the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009.

Kansas City, KS was initially awarded $109,329, as a first allocation under the Emergency Shelter Grant Program, to provide essential services, operational costs at shelters, and prevention services for persons at risk of homelessness. Kansas City, KS has been awarded a second allocation of $61,498 under the new Emergency Solutions Grant (ESG). This grant replaced the Emergency Shelter Grant to emphasize additional activities, such as the rapid re-housing of homeless individuals and families into permanent housing.

To receive the second allocation under the new ESG Program, Unified Government must prepare a substantial amendment to its 2011-2012 Action Plan for submission to HUD no later than May 15, 2012. The ESG substantial amendment will provide information about the federal requirements, activities, budget and homeless strategies to be implemented upon approval by HUD.

The ESG amendment will be available for public comment for a 30 day period. The draft copy can be viewed at the Community Development Office, located at 701 N. 7th Street, Kansas City, KS or on the city’s website. A public hearing on the substantial amendment will be held on May 3, 2012 at 7:00 p.m. in the Commission Chambers, 701 N. 7th Street Kansas City, KS. Comments on the plan should be submitted in writing during the public comment period to: dwatson@wycokck.org or by mail to:

Department of Community Development
Attn: Debra Watson, Program Coordinator
701 N. 7th Street, Room 823
Kansas City, KS 66101

Para información en Español, por favor llame al 913-573-5100 o por correo electrónico (E-mail) a jcalderon@wycokck.org
## FY 2011 Detailed Budget Table

<table>
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<th>First Allocation</th>
<th>Second Allocation</th>
<th>Total Fiscal Year 2011</th>
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<tr>
<td>Rehab/Conversion</td>
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<td>Operations</td>
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<td><strong>Subtotal</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$61,498.00</strong></td>
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Total Grant Amount: $170,827.00

**Allowable only if the amount obligated for homeless assistance activities using funds from the first allocation is less than the expenditure limit for emergency shelter and street outreach activities (see Section III.B. of this Notice).**
### Table 3C
Consolidated Plan Listing of Projects

#### Jurisdiction’s Name

#### Priority Need

#### Project Title

#### Description

<table>
<thead>
<tr>
<th>Objective category:</th>
<th>Suitable Living Environment</th>
<th>Decent Housing</th>
<th>Economic Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome category:</td>
<td>Availability/Accessibility</td>
<td>Affordability</td>
<td>Sustainability</td>
</tr>
</tbody>
</table>

#### Location/Target Area

**Street Address:**
**City, State, Zipcode:**

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<tr>
<th>Objective Number</th>
<th>Project ID</th>
<th>Funding Sources:</th>
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<tbody>
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<tr>
<td>Type of Recipient</td>
<td>CDBG National Objective</td>
<td>ESG</td>
</tr>
<tr>
<td>Start Date (mm/dd/yyyy)</td>
<td>Completion Date (mm/dd/yyyy)</td>
<td>HOME</td>
</tr>
<tr>
<td>Performance Indicator</td>
<td>Annual Units</td>
<td>HOPWA</td>
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<tr>
<td>Local ID</td>
<td>Units Upon Completion</td>
<td>Total Formula</td>
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<td>Prior Year Funds</td>
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<td></td>
<td></td>
<td>Assisted Housing</td>
</tr>
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<td></td>
<td></td>
<td>PHA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

The primary purpose of the project is to help: □ the Homeless □ Persons with HIV/AIDS □ Persons with Disabilities □ Public Housing Needs
ATTACHMENT 5
HOMELESS DEFINITION

*Homeless person* means an individual or family that is described in section 103 of the McKinney Act (42 U.S.C. 11302).

SEC. 103. [42 USC 11302]. GENERAL DEFINITION OF HOMELESS INDIVIDUAL.
(a) IN GENERAL.—For purposes of this Act, the term "homeless", "homeless individual", and "homeless person" means—

(1) an individual or family who lacks a fixed, regular, and adequate nighttime residence;

(2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(3) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);

(4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

(5) an individual or family who—
(A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—

(i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;

(ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
CONTINUATION HOMELESS DEFINITION

(iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

(B) has no subsequent residence identified; and

(C) lacks the resources or support networks needed to obtain other permanent housing; and

(6) unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who--

(A) have experienced a long term period without living independently in permanent housing,

(B) have experienced persistent instability as measured by frequent moves over such period, and

(C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment

(b) DOMESTIC VIOLENCE AND OTHER DANGEROUS OR LIFE-THREATENING CONDITIONS.—Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.
Attachment 6
DOCUMENTATION FORMS FOR PARTICIPANT ELIGIBILITY

ESG Screening Questionnaire

Date: ______________________ Staff: ______________________ Title: ______________________

Applicant’s Name: ________________________________________________________________

Current Address: _____________________________________ City/State: _____________ Zip: ______

DOB: __________ Gender: __________ Race/Ethnicity ______________________________

How did applicant become aware of program (be specific)?
______________________________________________________________________________

Service Request: Rental_____ Utility _____ Housing_____ Other________________________

Please briefly describe applicant's situation: ____________________________ ________________________________

______________________________________________________________________________

1. Number in Household: __________________________________________________________

2. Area Median Income (must be at or below 30% of AMI): ____________________________

3. Does individual/family meet AMI for program? Yes_____ No______

4. If yes, proceed to question 5. If no, proceed to question 7. Please answer questions 7-9.

5. Is individual/family at immediate risk of losing housing (2 weeks or less) or currently homeless? Yes____ No______

6. If yes, proceed to question 10. If no, complete questions 7-9.

7. Why was applicant denied ESG services?
______________________________________________________________________________

8. What program was applicant referred to?

______________________________________________________________________________

9. What follow-up activities were conducted to see if individual/family received assistance?
______________________________________________________________________________

10. But for ESG assistance, will the individual/family lose their current housing or continue to be homeless? Yes____ No______

See below for question 10 Determinates. The individual/family must meet determinates A and B plus either C or D to qualify for program. Please circle determinates to show individual/family met requirements. File must have documentation to support determinants.

A. No appropriate subsequent housing options have been identified.
B. The household lacks the financial resources or support networks to obtain immediate housing or remain in its existing housing.
C. Individual/family will lose housing in two weeks or less.
D. Individual/family is currently homeless and will remain homeless without assistance.

11. If the individual has met determinates A and B plus one of the other determinates listed in question 10 then complete the ESG Needs and Risk Assessment. If individual/family did not meet determinate requirements, please answer questions 7-9.
Emergency Solutions Grant Program (ESG)

VERIFICATION OF INCOME

ESG Applicant Name: ____________________________

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of benefit of the household. Complete only the selected section below that includes an authorization to release information.

Please return this form to:
Name & Title: ____________________________ Phone: ____________________________
Address: ____________________________ Fax: ____________________________
Email: ____________________________

☐ Employment Income

ESG Applicant Release: I hereby authorize the release of the following employment information.
ESG Applicant Signature: ____________________________ Date: ________________

Employer representative to complete this section:
The person named above is employed by ____________________________ since _________________. He/she is paid $______________ on a ________________ basis and is currently working an average of ________________ hours per ________________.

Additional compensation please specify (if any): ____________________________
Probability of continued employment: ____________________________

Authorized Employer Representative Signature: ____________________________ Date: ________________
Name, Title: ____________________________
Address and Phone: ____________________________

☐ Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE: Social Security/SSI Pension/Retirement TANF
Public Assistance Unemployment Compensation Workers Compensation
Alimony Payments Foster Care Payments Child Support Payments
Armed Forces Income
Other (pls. specify): ____________________________

ESG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.
ESG Applicant Signature: ____________________________ Date: ________________

Payment source representative to complete this section:
Payments or benefits in the amount of $______________ are paid on a ________________ basis. The expected duration of the payments or benefits is ____________________________.

Authorized Payment Source Representative Signature: ____________________________ Date: ________________
Name, Title: ____________________________
Address and Phone: ____________________________
Emergency Solutions Grant Program (ESG)

SELF-DECLARATION OF INCOME

ESG Applicant Name: ____________________________

This is to certify the income status for the above named individual. Income includes but is not limited to:
- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

☐ I certify, under penalty of perjury, that I currently receive the following income:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ESG Applicant Signature: ____________________________  Date: _________________

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

ESG Applicant Signature: ____________________________  Date: _________________

ESG Staff Verification
I understand that third-party verification is the preferred method of certifying income for HPRP assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

________________________________________________________________________

________________________________________________________________________

ESG Staff Signature: ____________________________  Date: _________________
Emergency Solutions Grant Program (ESG)

SELF-DECLARATION OF HOUSING STATUS

ESG Applicant Name: ________________________________

☐ Household without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for household)
  Number of persons in the household: __________

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

☐ I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

☐ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

☐ I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next ____ days.

I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: ____________________________    Date: ____________________

ESG Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for HPRP assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

ESG Staff Signature: ____________________________    Date: ____________________
## Attachment 7

Emergency Solutions Grant (ESG) Needs and Risk Assessment

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Staff Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Household First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>Date of Birth: (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender/Sex:</th>
<th>Female</th>
<th>Male</th>
<th>Transgender</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family with Children</th>
<th>Single with Children</th>
<th>Single with no Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Adults in Family __________
Number of Children in Family __________
Total = ___________________________

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Hispanic or Latino #</th>
<th>Non-Hispanic or Non-Latino #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race (must equal the total number listed for household above):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>American Indian/Alaskan Native #</th>
<th>Asian #</th>
<th>White #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Black/African American #</th>
<th>Native Hawaiian/Other Pacific Islander #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asian &amp; White #</th>
<th>American Indian/Alaskan Native &amp; White #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>American Indian/Alaskan Native &amp; Black/African American #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Black/African American &amp; White #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Multi-Racial – please specify: #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Chronically Homeless: □ Yes □ No ** must answer yes to all 4 below to qualify:

□ Homeless Unaccompanied Adult;
□ Disabling Condition;
□ Homeless for 1 Continuous Year or 4 Times in Past 3 Years
□ Living in an Emergency Shelter or Place Not Meant for Human Habitation

Special Needs:

□ Mental Illness # | □ Alcohol Abuse # | □ Drug Abuse # |
□ HIV/AIDS # | □ Developmental Disability # | □ Physical Disability # |
□ Domestic Violence # | □ Other – please specify: # |

How Many in the Household are Disabled: #

<table>
<thead>
<tr>
<th>Household Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Household Member Name 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Date of Birth: (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Household Member Name 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Date of Birth: (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Household Member Name 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Date of Birth: (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Household Member Name 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Date of Birth: (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Attachment 7

**Additional Household Member Name 5:**

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>Date of Birth: (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Additional Household Member Name 6:**

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>Date of Birth: (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Additional Household Member Name 7:**

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>Date of Birth: (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Additional Household Member Name 8:**

<table>
<thead>
<tr>
<th>Social Security Number:</th>
<th>Date of Birth: (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Prior Living Situation:**

- [ ] Emergency Shelter
- [ ] Transitional Housing for Homeless
- [ ] Hotel/Motel vouchers in lieu of Emergency Shelter
- [ ] Non-housing (street, park, car, bus station, places not meant for human habitation)
- [ ] Psychiatric Facility
- [ ] Substance Abuse Treatment Facility
- [ ] Hospital
- [ ] Jail/Prison
- [ ] Domestic Violence Situation
- [ ] Living with Relatives/Friends
- [ ] Rental Housing
- [ ] Other – please specify:

**Length of Stay at Prior Living Situation:**

- [ ] One Week or Less
- [ ] More Than One Week, But Less Than One Month
- [ ] One to Three Months
- [ ] More Than Three Months, But Less Than One Year
- [ ] One Year or Longer

**General Area of Location of Previous Residence:**

- [ ] Within [ ] County (within city of [ ])
- [ ] Within [ ] County (outside city of [ ])
- [ ] Outside County
- [ ] Outside the state of

**Zip Code of Last Permanent Address:**

**Is any Member of Family Pregnant:**

- [ ] Yes
- [ ] No

**Name:**

**Projected DOB:**

/ /

---

### Employment Information

#### Head of Household

<table>
<thead>
<tr>
<th>Employed:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status:</td>
<td>[ ] Full Time</td>
<td></td>
</tr>
<tr>
<td>[ ] Part Time</td>
<td>[ ] Retired</td>
<td>[ ] Unemployed</td>
</tr>
</tbody>
</table>

**If Unemployed, Are You Looking For Work:**

- [ ] Yes
- [ ] No

**If Unemployed, Were you**

- [ ] Fired
- [ ] Laid Off
- [ ] Resigned From Your Last Job **

**Last Date of Work:**

/ /

**If Employed, How Many Hours Do You Work A Week?**

**If Currently Employed, Select Tenure:**

- [ ] Permanent
- [ ] Temporary
- [ ] Seasonal

**Current Employer:**

**Address:**

**City/Zip:**

**Phone:**

---

#### Second Adult

<table>
<thead>
<tr>
<th>Employed:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status:</td>
<td>[ ] Full Time</td>
<td></td>
</tr>
<tr>
<td>[ ] Part Time</td>
<td>[ ] Retired</td>
<td>[ ] Unemployed</td>
</tr>
</tbody>
</table>

**If Unemployed, Are You Looking For Work:**

- [ ] Yes
- [ ] No

**If Unemployed, Were you**

- [ ] Fired
- [ ] Laid Off
- [ ] Resigned From Your Last Job **

**Last Date of Work:**

/ /

**If Employed, How Many Hours Do You Work A Week?**

**If Currently Employed, Select Tenure:**

- [ ] Permanent
- [ ] Temporary
- [ ] Seasonal

**Current Employer:**

**Address:**

**City/Zip:**

**Phone:**

---

Emergency Solutions Grant Risk/Needs Assessment 32
## Income Summary

<table>
<thead>
<tr>
<th>Select Source and List Amount of Income</th>
<th>Head of Household</th>
<th>2nd Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last 30 Days</td>
<td>Last 90 Days</td>
</tr>
<tr>
<td></td>
<td>Last 30 Days</td>
<td>Last 90 Days</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Public Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Aid to Needy Families (TANF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Children's Health Insurance Program (SCHIP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g., alimony, child support, worker's compensation) – Please Specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Income By Adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Household Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Adult Education Summary

<table>
<thead>
<tr>
<th>Highest Level of Education Completed</th>
<th>HOH</th>
<th>2nd Adult</th>
<th>HOH</th>
<th>2nd Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Schooling Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th or 6th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Degree or Certification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently in School or Working on Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Military Information

<table>
<thead>
<tr>
<th>Have You Served in the U.S. Military – Army, Navy, Air Force, Marines, Coast Guard</th>
<th>HOH</th>
<th>2nd Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were You Honorably Discharged</td>
<td>HOH</td>
<td>2nd Adult</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**Attachment 7**

**Child Education**

Are the Children Ages 5 to 18 Years Old Presently Attending School: □ Yes □ No

If No, Date Last Attended School: __/__/____

Why are the Children Not Presently in School: ____________________________________________

Current Schools Children Are Attending: ________________________________________________

**Supportive Services**

Current Supportive Services That Household Is Utilizing:

- [ ] Outreach – Provider: ____________________________________________
- [ ] Case Management – Provider: _______________________________________
- [ ] Life Skills (Outside of Case Management) – Provider: ________________
- [ ] Alcohol or Drug Abuse Services – Provider: ___________________________
- [ ] Mental Health Services – Provider: _________________________________
- [ ] HIV/AIDS-Related Services – Provider: _____________________________
- [ ] Health Care Services – Provider: ___________________________________
- [ ] Education – School: ______________________________________________
- [ ] Housing Placement – Provider: ______________________________________
- [ ] Employment Assistance – Provider: _________________________________
- [ ] Child Care – Provider: _____________________________________________
- [ ] Transportation – Provider: _________________________________________
- [ ] Legal – Attorney, Firm, Legal Aide: _________________________________
- [ ] Other – Please Specify: ____________________________________________

**Referrals**

Supportive Services That Household Could Utilize:

- [ ] Supplemental Security Income (SSI)
- [ ] Social Security Disability Income (SSDI)
- [ ] Social Security
- [ ] General Public Assistance
- [ ] Temporary Aid to Needy Families (TANF)
- [ ] State Children’s Health Insurance Program (SCHIP)
- [ ] Veterans Benefits
- [ ] Employment Income
- [ ] Unemployment Income
- [ ] Unemployment Benefits
- [ ] Veterans Health Care
- [ ] Medicaid
- [ ] Food Stamps
- [ ] Outreach – Provider: ____________________________________________
- [ ] Case Management – Provider: ______________________________________
- [ ] Life Skills (Outside of Case Management) – Provider: ________________
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or Drug Abuse Services</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS-Related Services</td>
<td></td>
</tr>
<tr>
<td>Health Care Services</td>
<td></td>
</tr>
<tr>
<td>Education – School</td>
<td></td>
</tr>
<tr>
<td>Housing Placement</td>
<td></td>
</tr>
<tr>
<td>Employment Assistance</td>
<td></td>
</tr>
<tr>
<td>Child Care – Provider</td>
<td></td>
</tr>
<tr>
<td>Transportation – Provider</td>
<td></td>
</tr>
<tr>
<td>Legal – Attorney, Firm, Legal Aide</td>
<td></td>
</tr>
<tr>
<td>Other – Please Specify</td>
<td></td>
</tr>
</tbody>
</table>
### Attachment 7

#### Emergency Solutions Grant Program (ESG)

**Risk Factor Assessment**

<table>
<thead>
<tr>
<th>Name of Client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Completed:</td>
</tr>
<tr>
<td>Completed By: (print)</td>
</tr>
</tbody>
</table>

**This form is intended to assist the case manager to holistically assess a household’s needs, determine suitability for the HPRP program, and to plan case management services accordingly. For each issue, check one and only one level that most closely reflects the household’s current situation. Use your judgment to make decisions based on the definitions for each category. These divisions are fluid, not rigid, because service needs can and do change over time.**

**Assessment Type:**  
- ☐ Entry  
- ☐ Re-certification  
- ☐ Exit  
- ☐ Six Months Post Exit

### Part 1: Basic Program Eligibility

<table>
<thead>
<tr>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Individual meets definition for chronic homeless or household has history of multiple evictions</td>
</tr>
<tr>
<td>☐ 2 One-time homeless more than six months or one eviction</td>
</tr>
<tr>
<td>☐ 3 In transitional, temporary or substandard housing or current housing is unaffordable</td>
</tr>
<tr>
<td>☐ 4 Currently homeless, or at imminent risk of becoming homeless, for the first time</td>
</tr>
<tr>
<td>☐ 5 Adequate, unsubsidized or subsidized housing or never been homeless</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 History of no income</td>
</tr>
<tr>
<td>☐ 2 Inadequate or sporadic income</td>
</tr>
<tr>
<td>☐ 3 Able to meet basic needs and manage debt with subsidy</td>
</tr>
<tr>
<td>☐ 4 History of meeting basic needs and managing debt without subsidy but recently experienced sudden loss of income or increase in expenses, i.e. utilities</td>
</tr>
<tr>
<td>☐ 5 Income is sufficient, little or no debt outside housing costs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Unable to work, not eligible for subsidy, or inadequate job skills</td>
</tr>
<tr>
<td>☐ 2 History of temporary or seasonal work only or minimal job skills</td>
</tr>
<tr>
<td>☐ 3 Receiving or waiting disability or unemployment benefits due to recent lay off or not working due to enrollment in education or training program</td>
</tr>
<tr>
<td>☐ 4 Employed but pay is inadequate and few or no benefits or adequate job skills</td>
</tr>
<tr>
<td>☐ 5 Employed with adequate pay and benefits or good job skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 No high school diploma/GED</td>
</tr>
<tr>
<td>☐ 2 Enrolled in GED program or has high school diploma/GED</td>
</tr>
<tr>
<td>☐ 3 Needs or is enrolled in additional education/training program, expected to finish within 18 months, to improve employment prospects</td>
</tr>
<tr>
<td>☐ 4 Some college or certification</td>
</tr>
<tr>
<td>☐ 5 College graduate or advanced certification</td>
</tr>
</tbody>
</table>

**Instructions:** Add up the total number of check marks for each category in Part 1. If score is 11 or below, **STOP.** Applicant is not a good candidate for the HPRP program and should be referred to other community resources for needed services. If score is 12 or above, **proceed with the assessment.**

### Part 2: Expanded Eligibility Determination

<table>
<thead>
<tr>
<th>Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 No command of the English language, literacy problems are serious barriers to employment</td>
</tr>
<tr>
<td>☐ 2 Enrolled in literacy program or English as a Second Language (ESL)</td>
</tr>
<tr>
<td>☐ 3 Completed literacy (ESL) program, developing command of the English language</td>
</tr>
<tr>
<td>☐ 4 Minimally English proficient, language is a minimal barrier to employment</td>
</tr>
<tr>
<td>☐ 5 Full command of the English language, can read, write and speak well, no barriers to employment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1 Actively using/abusing drugs/alcohol or avoids or neglects essential life activities due to use/abuse</td>
</tr>
<tr>
<td>☐ 2 Evidence of persistent or recurrent social, occupational, emotional or physical problems related to use</td>
</tr>
<tr>
<td>☐ 3 Actively involved in substance abuse treatment/self-help program</td>
</tr>
<tr>
<td>☐ 4 Completed treatment and no drug/alcohol use in last six months</td>
</tr>
<tr>
<td>☐ 5 No history of substance abuse</td>
</tr>
</tbody>
</table>
### Mental Health
- **1** Experiencing severe difficulty in essential life activities or very unstable
- **2** Suspected but undiagnosed mental illness and persistent problems with functioning due to mental health symptoms
- **3** Current mental health diagnosis and only mild to moderate difficulty in functioning due to symptoms
- **4** Mental health symptoms being managed through treatment and good functioning in wide range of activities
- **5** No history of mental illness

### Legal
- **1** Ex-offender and non-compliant with probation/parole
- **2** Ex-offender and compliant with probation/parole
- **3** Outstanding warrants or current charges/trial pending
- **4** Prior arrests but no felony record or has successfully completed probation/parole
- **5** No criminal history

### Health
- **1** Multiple disabilities and/or chronic health concerns
- **2** Some household members suffer from chronic health conditions/disabilities
- **3** Some health issues untreated or currently being addressed
- **4** Health issues are treated or have been addressed
- **5** No disabilities or health conditions

### Transportation
- **1** No access to transportation, public or private for example, may have car but it is inoperable
- **2** Transportation is available but is unreliable, unpredictable, and/or unaffordable for example, may have car but no insurance, license, etc.
- **3** Transportation is available and reliable but limited and/or inconvenient or driver's license is restricted
- **4** Transportation is generally accessible to meet basic travel needs
- **5** Transportation is readily available and affordable and car is adequately insured

### Child Care (Score only if applicable)
- **1** Needs child care but none is available/accessible and/or child is not eligible
- **2** Child care is unreliable or unaffordable or inadequate supervision is a problem for child care that is available
- **3** Affordable, subsidized child care is not available when needed
- **4** Affordable, subsidized child care is available but limited
- **5** Reliable, affordable child care is available, with or without subsidies

Instructions: Add up the total number of check marks for each category in Part 2. Add to the score from Part 1. If combined score is 29 or below, (32 or below if child care was scored) **STOP**. Applicant is not a good candidate for the HPRP program and should be referred to other community resources for needed services. If score is 30 or above (33 or above if child care was scored), proceed with the assessment and consider enrollment provided all other criteria such as income eligibility are met.

**Determination:** Eligible for Enrollment: Yes [ ] No [ ]

### Part 3: Service Needs Assessment
- This section is not scored and as such does not affect eligibility for the KC Hope Project Homelessness Prevention and Rapid Re-Housing Program. Assessment in these areas is intended to guide the case management process and help identify outcomes from participation in the program.

### Domestic Violence
- History of abuse with multiple partners
- Recent or current victimization
- Currently undergoing or completed DV counseling
- Free from batterer/abuser
- No history of abuse
**Attachment 7**

**Basic Needs**
- [ ] History of no food or means to prepare it, unable to meet other basic needs
- [ ] Relies to a significant degree on sources of free or low-cost food and other basic needs
- [ ] Able to meet basic needs with the use of food stamps/WIC
- [ ] Can meet basic needs but requires occasional assistance
- [ ] Can meet basic needs without assistance

**Life Skills**
- [ ] Unable to meet the demands and challenges of daily living
- [ ] Can meet a few but not all the demands and challenges of daily living without assistance
- [ ] Can meet most but not all the demands and challenges of daily living without assistance
- [ ] Able to meet most of the demands and challenges of daily living with or without assistance
- [ ] Has adaptive and positive behaviors needed to deal effectively with the demands and challenges of daily living

**Health Care**
- [ ] No medical coverage
- [ ] Great difficulty assessing medical care when needed
- [ ] Some members of household have access to medical coverage
- [ ] All household members have medical coverage but struggle to cover unreimbursed treatment costs
- [ ] All members are covered by adequate, affordable medical coverage

**Child Welfare**
- [ ] Home is not safe; reports to the child welfare system result in the child’s removal from the home
- [ ] Open children’s services case; history of child welfare system involvement; parenting skills are minimal
- [ ] Intervention continues; parenting skills are apparent but not adequate
- [ ] Family has been reunified, no recent child welfare system involvement, parenting skills are adequate
- [ ] Family is intact; parenting skills are well developed, no history of child welfare system involvement

**Children’s Education**
- [ ] Age appropriate children are not enrolled in school
- [ ] Age appropriate children are enrolled in school but not attending class; no parental involvement
- [ ] Enrolled children only occasionally attend class; minimal parental involvement
- [ ] Age appropriate children are enrolled and attending class most of the time; parents are marginally involved
- [ ] All age appropriate children are enrolled and attending classes on a regular basis; parents are actively involved

**Family Relations**
- [ ] Lack of necessary support from family or friends; abuse present
- [ ] Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse
- [ ] Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to community and support each other
- [ ] Strong support from family/friends; household members support each other’s efforts
- [ ] Health/expanding support network is present; household is stable and communication is consistently open

**Community Involvement**
- [ ] No community involvement; in survival mode
- [ ] Socially isolated and/or no social skills; lacks motivation to become involved
- [ ] Lacks knowledge of ways to become involved
- [ ] Some community involvement but has barriers, transportation, child care issues, etc.
- [ ] Actively involved in the community

---

**Case Manager:**

**Signature & Date**

**Supervisor:**

**Signature & Date**

**Emergency Solutions Grant Risk/Needs Assessment** 38
Attachment 8

Emergency Solutions Grant Program
Service Plan Agreement and Termination Policy

I ____________________________________________ agree to actively work toward the goals that have been identified in this service plan and to allow the regular evaluation of my progress by ESG staff. I understand that in order to continue receiving ESG assistance I must be actively working toward these goals in an effort to move towards self-sufficiency. This plan may be revised as needed by me or/and the case manager. If I fail to comply with the identified service plan then I acknowledge that I may be terminated from the program.

GRIEVANCE AND TERMINATION OF SERVICES PROCEDURE

Assistance may be terminated to a program participant who violates program requirements. Assistance may be resumed to a program participant whose assistance was previously terminated. In terminating assistance to a program participant, the following at a minimum will occur:

1. A written notice to the program participant containing a clear statement of the reason(s) for termination;
2. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person who made or approved the termination decision; and
3. Prompt written notice of the final decision to the program participant.

All complaints or grievances of program participants should be submitted in writing to the Subgrantee who will communicate in writing its response to the resident within fifteen (15) days of receipt. If a program participant desires to appeal the Subgrantee's response, they shall submit in writing an appeal to the Director of the Division of Housing and Community Development. The Director shall communicate in writing their response to the party within thirty (30) days of appeal submission. All parties with grievances or complaints shall be informed by the Subgrantee of the grievance procedure of the Division of Housing and Community Development.

Program Participant: ________________________________

Signature & Date: ________________________________

Staff: ________________________________

Signature & Date: ________________________________

3/2012
CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

Affirmatively Further Fair Housing -- The jurisdiction will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Anti-displacement and Relocation Plan -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential anti-displacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug Free Workplace -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;

2. Establishing an ongoing drug-free awareness program to inform employees about -
   (a) The dangers of drug abuse in the workplace;
   (b) The grantee's policy of maintaining a drug-free workplace;
   (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

3. 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 1;

4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will –
   (a) Abide by the terms of the statement; and
   (b) 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;

5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) 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;

6. Taking one of the following actions, within 30 calendar days of receiving notice under
DRAFT

subparagraph 4(b), with respect to any employee who is so convicted -
(a) 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
(b) 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;

7. Making a good faith effort to continue to maintain a drug-free workplace through
implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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 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, it will complete and
submit Standard Form-L.L.L., "Disclosure Form to Report Lobbying," in accordance with its
instructions; and

3. It will require that the language of paragraph 1 and 2 of this anti-lobbying 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.

Authority of Jurisdiction -- The consolidated plan is authorized under State and local law (as
applicable) and the jurisdiction possesses the legal authority to carry out the programs for which
it is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan -- The housing activities to be undertaken with CDBG, HOME, ESG, and
HOPWA funds are consistent with the strategic plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968,
and implementing regulations at 24 CFR Part 135.

______________________________
Signature/Authorized Official

______________________________
Date

______________________________
Title

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ESG Certifications

The Emergency Solutions Grants Program Recipient certifies that:

**Major rehabilitation/conversion** – If an emergency shelter’s rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion. In all other cases where ESG funds are used for renovation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation.

**Essential Services and Operating Costs** – In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the jurisdiction will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the jurisdiction serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

**Renovation** – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

**Supportive Services** – The jurisdiction will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal State, local, and private assistance available for such individuals.

**Matching Funds** – The jurisdiction will obtain matching amounts required under 24 CFR 576.201.

**Confidentiality** – The jurisdiction has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.
Homeless Persons Involvement – To the maximum extent practicable, the jurisdiction will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the jurisdiction undertakes with assistance under ESG are consistent with the jurisdiction’s consolidated plan.

Discharge Policy – The jurisdiction will establish and implement, to the maximum extent practicable and where appropriate policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

Signature/Authorized Official

Date

Title
MONITORING FORMS

Project monitoring is an ongoing process of reviewing a sub-grantee’s performance in meeting goals, identifying program deficiencies, and of enhancing management capacity through technical assistance or other corrective actions.

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Date:</th>
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</table>

Reviewer(s):

<table>
<thead>
<tr>
<th>Person(s) Interviewed</th>
<th>Title</th>
</tr>
</thead>
</table>

Who is in charge of the day-to-day administration of the program?

Last Review/date

Summary of Findings/Concerns / Good Practices:

Current Review/date

Summary of Findings/Concerns/ Good Practices:

<table>
<thead>
<tr>
<th>Letter Mailed</th>
<th>Agency Received Letter</th>
<th>Agency is In Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Reviewer’s Signature(s):

Date:
# DRAFT

## 1. Project Progress

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Is sub grantee submitting reimbursement requests in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the rate of draw downs consistent with the point-in-time expenditures</td>
<td></td>
<td></td>
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<tr>
<td>for the grant term according to their project projections?</td>
<td></td>
<td></td>
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<tr>
<td>ii. Has sub grantee remained consistent in number of households served,</td>
<td></td>
<td></td>
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<tr>
<td>according to their project projections?</td>
<td></td>
<td></td>
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</tbody>
</table>

## 2. Policies and Procedures:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Does the program have an Operational policy, outlining the program?</td>
<td></td>
<td></td>
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<tr>
<td>ii. Does the program have an Eligibility policy, including provisions</td>
<td></td>
<td></td>
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<tr>
<td>for ineligible clients?</td>
<td></td>
<td></td>
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<tr>
<td>iii. Does the program have a Confidentiality policy, safeguarding</td>
<td></td>
<td></td>
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<tr>
<td>individual's information and records?</td>
<td></td>
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<tr>
<td>iv. Does the program have a Termination policy?</td>
<td></td>
<td></td>
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<tr>
<td>v. Does the program have a Complaints / Appeals Procedure?</td>
<td></td>
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<tr>
<td>vi. Does the program have an Equal Opportunities policy, which includes</td>
<td></td>
<td></td>
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<tr>
<td>provisions under the Fair Housing Act?</td>
<td></td>
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<tr>
<td>vii. Does the program have a procedure to approve housing that includes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Based Paint inspections, Habitability Standards, and Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasonableness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>viii. Does the program have a written Reimbursement procedure that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>meets the ESG good practices?</td>
<td></td>
<td></td>
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<tr>
<td>ix. Does the organization follow the Drug Free Workplace requirements?</td>
<td></td>
<td></td>
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<tr>
<td>x. Is the organization a religious organization, and if so, does it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>offer all ESG services, regardless of religion or religious belief?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 3. Evidence of Adequate Financial Management Systems

### i. Agency has original invoices and canceled checks on file for expenses submitted for reimbursement.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Describe Basis for Conclusion:**

### ii. Is there a system for tracking payables to assure that reimbursements are not duplicated?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Describe Basis for Conclusion:**

### iii. Agency keeps a master spreadsheet to document vendor payments.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Describe Basis for Conclusion:**
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>iv.</td>
<td>Agency is justifying how time/expenses are divided between ESG activities and ESG paid staff.</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Describe Basis for Conclusion:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td>Agency has adequate written financial management policies and procedures.</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Describe Basis for Conclusion:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi.</td>
<td>Agency stores all ESG documents in a secured area.</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Describe Basis for Conclusion:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vii.</td>
<td>Reimbursement Requests are submitted in a timely manner.</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Describe Basis for Conclusion:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>viii.</td>
<td>Reconciliation of Bank statements is current.</td>
<td>Yes □</td>
<td>No □</td>
</tr>
</tbody>
</table>
### 4. HMIS Standards

| i. Is there a list of active authorized HMIS users? | Yes ☐ No ☐ |
| ii. Do HMIS users have access to adequate computer technology and tools, such as internet access, printers, data analysis software, etc.? | Yes ☐ No ☐ |
| iii. Do computers used to access the HMIS have a locking screen saver? | Yes ☐ No ☐ |
| iv. Does the agency have a privacy policy? | Yes ☐ No ☐ |
| v. Is there a Release of information on file for clients? | Yes ☐ No ☐ |
| vi. Agency submits HMIS information for Quarterly Reports in a timely manner. | Yes ☐ No ☐ |
| vii. Agency submits programmatic reports or narratives in addition to HMIS. | Yes ☐ No ☐ |

### 5. ESG Standards

| i. How often are there staff meetings to discuss client progress/ESG issues? |
| ii. Does agency have an updated Resource Directory for referrals? | Yes ☐ No ☐ |
| iii. How long after intake or discharge does it take to enter client information into HMIS? | ___ days |
| iv. Does the client have an updated Household Income eligibility chart? | Yes ☐ No ☐ |
| v. Are there household defined goals in the case management notes with progress updates? | Yes ☐ No ☐ |
vi. If the client has left the program, has there been an attempt to make a follow up?

Yes ☐ No ☐

Further Information:

6. PARTICIPANT FILES (ONE FORM PER CLIENT)

File No: __________________________  Program Entry Date: ____________

Client Last Name: __________________________  Program Exit Date: ____________

Landlord, Name and Address: __________________________

i. Has the client been shown to pass the 4 tests of eligibility?

a) Initial assessment to determine the appropriate type of assistance to meet their needs.

b) The household must be at or below 30 percent of Area Median Income (AMI).

c) Documentation exists to show the household is either homeless or at risk of losing its housing and meet both of the following circumstances: (1) no appropriate subsequent housing options have been identified; AND (2) the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.

d) Be appropriate for case management and 'stable housing outcome' following the assistance.

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐
### DRAFT

| ii. Does the client file show applications and forms signed off? | Yes ☐  No ☐  

| iii. If client is enrolled for more than 3 months has sub grantee submitted re-evaluation of eligibility evidence? | Yes ☐  No ☐  

| N/A ☐  

| iv. Has client received less than 6 months assistance in accordance the Unified Government/Sub-recipient agreement? | Yes ☐  No ☐  

| N/A ☐  

### SERVICES

| i. Is short term rental assistance 90 days or less? Is medium term rental assistance 6 months or less? | Yes ☐  No ☐  

| N/A ☐  

| Has sub-grantee documented rent reasonableness? | Yes ☐  No ☐  

| N/A ☐  

| For re-housing assisted clients, has the client’s property been inspected as per the ESG Habitability Standards? | Yes ☐  No ☐  

| N/A ☐  

| For re-housing clients, If client is relocated to a unit built prior to 1979, has the Client’s property been inspected as per Lead Based Paint Requirements | Yes ☐  No ☐  

| N/A ☐  

| Is utility assistance 2 months or less? (per Agreement) | Yes ☐  No ☐  

| N/A ☐  

50
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are rental or utility arrears less than 2 months? Are they counted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>as part of the 3 months service?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are any storage arrangements less than 3 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are motels / hotels used for 30 days or less?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For clients about to exit the program: Have the client received regular case management services including an individualized service plan towards exiting the program?

Further Information:
Staff Request for Commission Action

Tracking No. 120068

[☐] Revised
[☐] On Going

Type: Standard

Committee: Neighborhood and Community Development Committee

Date of Standing Committee Action: 4/2/2012

(If none, please explain):

Proposed for the following Full Commission Meeting Date: 4/26/2012

Confirmed Date: 4/26/2012

Changes Recommended By Standing Committee (New Action Form required with signatures)

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
<th>Ref</th>
<th>Department / Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/23/2012</td>
<td>Chris Slaughter</td>
<td>573-8977</td>
<td><a href="mailto:cslaughter@wycokck.org">cslaughter@wycokck.org</a></td>
<td></td>
<td>Administrator/Clerk</td>
</tr>
</tbody>
</table>

Item Description:
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee review the proposed packets and forward them to the Land Bank Board of Trustees for final consideration.

Item (1) - Side-Lot Applications (4)
Item (2) - Applications (11)

Action Requested:
The Land Bank Manager respectfully requests that the Neighborhood & Community Development Committee approve the above requests and forward them to the Land Bank Board of Trustees for final approval.

Publication Required

Budget Impact: (if applicable)

Amount: $

Source:
[☑] Included In Budget
[☐] Other (explain)

Land bank revenues are projected in budget.
### WYANDOTTE COUNTY LAND BANK - SIDE-LOT APPLICATIONS

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>APPLICANT ADDRESS</th>
<th>LAND BANK ADDRESS</th>
<th>LOT SIZE</th>
<th>ADVISORY BOARD RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denise Maxwell</td>
<td>650 Parallel Ave</td>
<td>2024 N Tremont St</td>
<td>33 x 70</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Jamie Seymour</td>
<td>1834 S 16th St</td>
<td>1830 S 16th St</td>
<td>50 x 146</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Albert Nelson</td>
<td>1524 W 39th St</td>
<td>1526 W 39th St</td>
<td>23 x 120</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Albert Nelson</td>
<td>1524 W 39th St</td>
<td>1528 W 39th St</td>
<td>20 x 120</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant's Name: **Denise M. Maxwell** Spouse (if applicable):

2. Name of Corporation (if applicable): **N/A**

3. Street Address: **650 Parallel Ave.**

4. City, State, Zip: **Kansas City, KS, 66101**

5. Home Phone #: **913-621-7717** Work Phone #: **N/A**

6. E Mail Address: **deermax56@yahoo.com**

7. List Properties you own in Wyandotte County: **650 Parallel Ave**

8. Do you (or your spouse) have any Code Enforcement violations? Yes _No_ X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _No_ X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property **2054 Tremont**

   - o Vacant Land
   - o Structure

2. Proposed Use of Property:

   - X Yard Extension. Go to section 4.
   - o Parking. (Must comply with UG regulations) Go to section 4.
   - o Home Addition. Requires building permit. Go to section 3.
   - o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - o Other: ________________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes __ No __ (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual __ Corporation __ Nonprofit: __
   Other: _______________________________________________________

3. **Must** attach a letter of credit or pre-approval letter from your bank.

4. **Must** attach drawings for your proposed project.

5. Proposed use of property:
   - [ ] Home Ownership.
   - [ ] Rental Home.
   - [ ] Business/Commercial Use.
   - [ ] Apartments.
   - [ ] Other, Specify: __________________________________________

1. Will you seek Tax Increment Financing or other public tax exemptions? ______

2. Will you seek Neighborhood Revitalization Tax Reubes? ______

3. Starting Project Date: ________________ Completion Date: _____________ Comments: ____________________________________________

Section 4: Additional Comments & Terms of Proposal.

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant’s Signature  Print Your Name Date

**Denise M. Maxwell  Denise M. Maxwell  03/06/12**

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant's Name: Jamie L Seymour  Spouse (if applicable):____________________

2. Name of Corporation (if applicable)____________________

3. Street Address: 1834 So. 16th St.

4. City, State, Zip: Kansas City, KS 66103

5. Home Phone #: 913-499-8263 Work Phone #: 913-888-1685

6. E Mail Address: seymourj@fool.com

7. List Properties you own in Wyandotte County: 1834 So. 16th St.

8. Do you (or your spouse) have any Code Enforcement violations? Yes__ No__

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes__ No__

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 1830 So. 16th
   □ Vacant Land
   □ Structure

2. Proposed Use of Property:
   □ Yard Extension. Go to section 4.
   □ Parking. (Must comply with UG regulations) Go to section 4.
   □ Home Addition. Requires building permit. Go to section 3.
   □ Rehabilitation of existing structure. Requires building permit. Go to section 3.
   □ Other:____________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes ___ No ___ (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual ___ Corporation ___ Nonprofit: ___
   Other: ____________________________________

3. **Must attach a letter of credit or pre-approval letter from your bank.**

4. **Must attach drawings for your proposed project.**

5. Proposed use of property:
   - [ ] Home Ownership.
   - [ ] Rental Home.
   - [ ] Business/Commercial Use.
   - [ ] Apartments.
   - [ ] Other, Specify: ____________________________________

1. Will you seek Tax Increment Financing or other public tax exemptions? ______

2. Will you seek Neighborhood Revitalization Tax Rebates? ______

3. Starting Project Date: ________________ Completion Date: ________________ Comments:

   ______________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

> Our family already takes care of this property.

**Incomplete applications will not be considered and will be returned to the sender.**

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government's Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

(Applicant's Signature) [Signature]

Print Your Name ______ Date ___/___/___

**Return Completed Application to:** Land Bank, 2nd Floor, 710 N. 7th, KCK 66101

Fax 913-321-0237 Phone 913-573-8977

Attn: Land Bank Manager, Chris Slaughter
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant's Name: **Albert David Nelson**
   Spouse (if applicable): 

2. Name of Corporation (if applicable): 

3. Street Address: **2518 Park Drive**

4. City, State, Zip: **K. C. Ks 66102**

5. Home Phone #: **913-915-8158** Work Phone #: 

6. E Mail Address: 

7. List Properties you own in Wyandotte County:
   **1524 W 39th Ave.**

8. Do you (or your spouse) have any Code Enforcement violations? Yes  No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: **1526 W 39th Ave.**
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: ___________________________________________________________________
Section 1: Personal Information.

1. Applicant's Name: Albert David Nelson
   Spouse (if applicable): 

2. Name of Corporation (if applicable): 

3. Street Address: 2518 Park Drive

4. City, State, Zip: K C KS 66102

5. Home Phone #: 913-915-8158 Work Phone #: 

6. E Mail Address: 

7. List Properties you own in Wyandotte County: 1524 W 39th Ave

8. Do you (or your spouse) have any Code Enforcement violations? Yes  No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes  No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property 1528 W 39th Ave
   o Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   o Other: 


Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes  No
   (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual  Corporation  Nonprofit: 
   Other:________________________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   o Home Ownership.
   o Rental Home.
   o Business/Commercial Use.
   o Apartments.
   o Other, Specify:____________________________________

6. Will you seek Tax Increment Financing or other public tax exemptions? _____

7. Will you seek Neighborhood Revitalization Tax Rebates? _____

8. Starting Project Date: ________________ Completion Date: ________________

   Comments:__________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

Section 4: Additional Comments & Terms of Proposal.

Wanted to have a yard so the kids don't play in the street.

Incomplete applications will not be considered and will be returned to the sender.
As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government's Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

[Signature]
[Print Name]  3-19-12

Applicant's Signature  Print Your Name  Date

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter
### WYANDOTTE COUNTY LAND BANK - APPLICATIONS

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<th>APPLICANT</th>
<th>APPLICANT ADDRESS</th>
<th>LAND BANK ADDRESS</th>
<th>PROPOSED USE</th>
<th>LOT SIZE</th>
<th>ADVISORY BOARD RECOMMENDATION</th>
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<td>1964 N 3rd St</td>
<td>Single Family</td>
<td>70 x 120</td>
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<td>4223 Gibbs Rd</td>
<td>320 S Valley St</td>
<td>Garden</td>
<td>100 x 115</td>
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<td>3919 Georgia Ave</td>
<td>Garden</td>
<td>50 x 160</td>
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<td>500 Freeman Ave</td>
<td>Garden</td>
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INTENTIONALLY
Section 1: Personal Information.

1. Applicant's Name: Kansas City, KS Housing Authority
   Spouse (if applicable):

2. Name of Corporation (if applicable):

3. Street Address: 1124 N. 2nd Street, KCK 66101

4. City, State, Zip:

5. Home Phone #: Work Phone #: 913-281-3300

6. Email Address: tcscott@kclda.org

7. List Properties you own in Wyandotte County, ab31ic housing units

8. Do you (or your spouse) have any Code Enforcement violations? Yes _ No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes _ No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 11011A, 11010A, 11001F, and 110017
   o Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking, (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition, Requires building permit. Go to section 3.
   o New Home Construction, Requires building permit. Go to section 3.
   o Commercial Construction, Requires building permit. Go to section 3.
   o Rehabilitation of existing structure, Requires building permit. Go to section 3.
   o Other: public housing single dwelling homes
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes X No (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual Corporation Nonprofit: Other: KCK Housing Authority

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: Public Housing single dwelling units

6. Will you seek Tax Increment Financing or other public tax exemptions? No

7. Will you seek Neighborhood Revitalization Tax Rebates? No

8. Starting Project Date: Summer of 2012 Completion Date: Dec. 2012

Comments:

Section 4: Additional Comments & Terms of Proposal.

Incomplete applications will not be considered and will be returned to the sender. As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government's Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

[Signature]

Applicant's Signature

Print Your Name

Date: 2/23/12

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter
Section 1: Personal Information.

1. Applicant’s Name: Katherine Kelly
2. Name of Corporation (if applicable): Cultivate Kansas City
3. Street Address: 4223 Gibbs Rd.
4. City, State, Zip: Kansas City, KS 66106
5. Home Phone #: Work Phone #: 913-515-2426
6. E Mail Address: katherine@cultivatekc.org
7. List Properties you own in Wyandotte County: 1810 N 1st St. Kansas City, KS 66101
8. Do you (or your spouse) have any Code Enforcement violations? Yes No X
9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 320 S. Valley St.
   - X Vacant Land
   - ○ Structure

2. Proposed Use of Property:
   - ○ Parking. (Must comply with UG regulations) Go to section 4.
   - ○ Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - X Other: Community Garden
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant’s Name: Katherine Kelly

2. Name of Corporation (if applicable) Cultivate Kansas City

3. Street Address: 4223 Gibbs Rd.

4. City, State, Zip: Kansas City, KS 66106

5. Home Phone #: Work Phone #: 913-515-2426

6. E Mail Address: katherine@cultivatekc.org

7. List Properties you own in Wyandotte County: 1810 N 1st St. Kansas City, KS 66101

8. Do you (or your spouse) have any Code Enforcement violations? Yes No X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes No X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 1281 Allen Ave.

   X Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   X Other: Community Garden
Section 1: Personal Information.

1 Applicant's Name: __Katherine Kelly______________________________
   - Spouse (if applicable):__________________________________________

2 Name of Corporation (if applicable) __Cultivate Kansas City________

3 Street Address: __4223 Gibbs Rd._______________________________

4 City, State, Zip: __Kansas City, KS 66106_________________________

5 Home Phone #: __________________ Work Phone #: __913-515-2426____

6 E Mail Address: __katherine@cultivatekc.org_______________________

7 List Properties you own in Wyandotte County: __1810 N 1st St. Kansas City, KS 66101

__________________________

8 Do you (or your spouse) have any Code Enforcement violations? Yes__ No__X__

9 Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County?
   - Yes__ No__X__

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: __1267 Allen Ave.
   - Kansas City, KS 66102
   __X__ Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   __X__ Other: __Community Garden___________________________
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant’s Name: __Katherine Kelly________________________
   Spouse (if applicable): ______________________________________

2. Name of Corporation (if applicable) __Cultivate Kansas City__

3. Street Address: __4223 Gibbs Rd.____________________________

4. City, State, Zip: __Kansas City, KS 66106________________________

5. Home Phone #: ____________________ Work Phone #: __913-515-2426

6. E Mail Address: __katherine@cultivatekc.org____________________

7. List Properties you own in Wyandotte County: __1810 N 1st St. Kansas City, KS 66101____________________________

8. Do you (or your spouse) have any Code Enforcement violations? Yes__ No_X__

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? 
   Yes__ No_X__

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: __323 S. 14th St__, Kansas City, KS 66102
   
   X Vacant Land
   ○ Structure

2. Proposed Use of Property:
   ○ Yard Extension. Go to section 4.
   ○ Parking. (Must comply with UG regulations) Go to section 4.
   ○ Home Addition. Requires building permit. Go to section 3.
   ○ Rehabilitation of existing structure. Requires building permit. Go to section 3.
   X Other: __Community Garden______________________________
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant’s Name: Katherine Kelly
   - Spouse (if applicable):

2. Name of Corporation (if applicable): Cultivate Kansas City

3. Street Address: 4223 Gibbs Rd.

4. City, State, Zip: Kansas City, KS 66106

5. Home Phone #: Work Phone #: 913-515-2426

6. E Mail Address: katherine@cultivatekc.org

7. List Properties you own in Wyandotte County: 1810 N 1st St. Kansas City, KS 66101

8. Do you (or your spouse) have any Code Enforcement violations? Yes_ No_X

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes_ No_X

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property:
   - 3918 Rowland Ave.
     Kansas City, KS 66104

   X Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.

   X Other: Community Garden
Unified Government Land Bank Application

Section 1: Personal Information.

1. Applicant’s Name: __Katherine Kelly_____________________
   - Spouse (if applicable):____________________________________

2. Name of Corporation (if applicable) __Cultivate Kansas City_____

3. Street Address: __4223 Gibbs Rd.______________________________

4. City, State, Zip: __Kansas City, KS 66106_____________________

5. Home Phone #: ______________________ Work Phone #: __913-515-2426_________

6. E Mail Address: __katherine@cultivatekc.org_____________________

7. List Properties you own in Wyandotte County: __1810 N 1st St. Kansas City, KS 66101

8. Do you (or your spouse) have any Code Enforcement violations? Yes__ No_X__

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County?
   - Yes__ No_X__

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 3919 Georgia Ave.
   - Vacant Land
   - Structure

2. Proposed Use of Property:
   - Parking. (Must comply with UG regulations) Go to section 4.
   - Rehabilitation of existing structure. Requires building permit. Go to section 3.
   - Other: __Community Garden_______________________________
Section 3: Construction Project Information.

1. Does the project comply with current zoning? Yes ___ No ___ (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual ___ Corporation ___ Nonprofit: ___
   Other: __________________________________________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   o Home Ownership.
   o Rental Home.
   o Business/Commercial Use.
   o Apartments.
   o Other, Specify: ___________________________________________

1. Will you seek Tax Increment Financing or other public tax exemptions? _____

2. Will you seek Neighborhood Revitalization Tax Rebates? _____

3. Starting Project Date: ____________ Completion Date: ____________ Comments: -

Section 4: Additional Comments & Terms of Proposal.

______________________________________________________________

______________________________________________________________

______________________________________________________________

Incomplete applications will not be considered and will be returned to the sender.  
As the applicant I attest that the information in this proposal is accurate. I attest that I have read the  
Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand  
that the Unified Government reserves the rights to reject any proposal without cause.

_________________________________________  KATHERINE KELLY  2/24/12
Applicant’s Signature  Print Your Name  Date

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101  
Fax 913-321-0237 Phone 913-573-8977  
Attn: Land Bank Manager, Chris Slaughter
Section 1: Personal Information.

1. Applicant's Name: Yusuf Abdi
   Spouse (if applicable): 

2. Name of Corporation (if applicable): Somali-Bantu Foundation of Kansas

3. Street Address: 900 1 North 2nd Street


5. Home Phone #: 913-834-6082 Work Phone #: 913-406-1206

6. E Mail Address: info@somalibantuofkansas.org

7. List Properties you own in Wyandotte County: N/A

8. Do you (or your spouse) have any Code Enforcement violations? Yes No

9. Are you (or your spouse) delinquent on any licenses or taxes in Wyandotte County? Yes No

Section 2: Proposed Land Bank Purchase.

1. Address(s) of Property: 900 Freeman Ave KC, KS, 66101
   X Vacant Land
   o Structure

2. Proposed Use of Property:
   o Yard Extension. Go to section 4.
   o Parking. (Must comply with UG regulations) Go to section 4.
   o Garage. Requires building permit. Go to section 4.
   o Home Addition. Requires building permit. Go to section 3.
   o Commercial Construction. Requires building permit. Go to section 3.
   o Rehabilitation of existing structure. Requires building permit. Go to section 3.
   o Other: Community Garden
Section 3: Construction Project Information.

1. Does the project comply with current zoning? [Yes] [No] (Call Planning & Zoning at 913-573-5750)

2. Type of Ownership: Individual [ ] Corporation [ ] Nonprofit: [ ]
   Other: ________________________________

3. Must attach a letter of credit or pre-approval letter from your bank.

4. Must attach drawings for your proposed project.

5. Proposed use of property:
   - Home Ownership.
   - Rental Home.
   - Business/Commercial Use.
   - Apartments.
   - Other, Specify: _____________________

6. Will you seek Tax Increment Financing or other public tax exemptions? [ ]

7. Will you seek Neighborhood Revitalization Tax Rebates? [ ]

8. Starting Project Date: ___________________ Completion Date: ___________________

Comments:
______________________________
______________________________
______________________________
______________________________
______________________________

Section 4: Additional Comments & Terms of Proposal.

______________________________
______________________________
______________________________
______________________________
______________________________

Incomplete applications will not be considered and will be returned to the sender. As the applicant I attest that the information in this proposal is accurate. I attest that I have read the Unified Government’s Land Bank policy and agree to the terms and conditions of it. I understand that the Unified Government reserves the rights to reject any proposal without cause.

Applicant’s Signature ___________________ Print Your Name ___________________ Date 03/10/12

Return Completed Application to: Land Bank, 2nd Floor, 710 N. 7th, KCK 66101
Fax 913-321-0237 Phone 913-573-8977
Attn: Land Bank Manager, Chris Slaughter