

MHTF-DR Agency Forms Training

Lisa Moler Housing Program Administrator



Agenda

- Grant Agreement Forms
- Reporting Forms





Grant Agreement Forms



Grant Agreement Forms

- Grant Agreement Packet
- MHDC-100 Direct Deposit Form
- MHDC-101 Authorized Signer Form
- MHTF-DR-301 Sources and Uses
- MHTF-DR-315 Contractor Application
- MHTF-DR-317 Training Verification Check List
- Items provided by the agency



Grant Agreement Packet Grant Agreement/ Rider A

- Grant Agreement will be sent via email to the Grant Contact and the Executive Director
- The email it will contain the following:
 - Grant Agreement
 - Exhibit A
 - All Rider A's
 - Rider B
- Be sure that an Authorized Agent signs the Grant Agreement on page 13
- Check that your document has all applicable Rider A's



Grant Agreement Exhibit A

1. This section will be filled in when received.

2. Include the position of the person signing and then the name of the agency.

3. Check one of these boxes.

Exhibit "A"

Workforce Eligibility Affidavit

Agency: «Agency_Name»

Grant Number: «Grant_Number»

The undersigned does, by his/her oath solemnly swear and affirm that he/she is the of _____ and as

such officer or agent of such entity I am duly authorized to make this affidavit on behalf of said entity. On behalf of such entity and pursuant to the authority recited herein, the undersigned does further solemnly swear and affirm and that said entity:

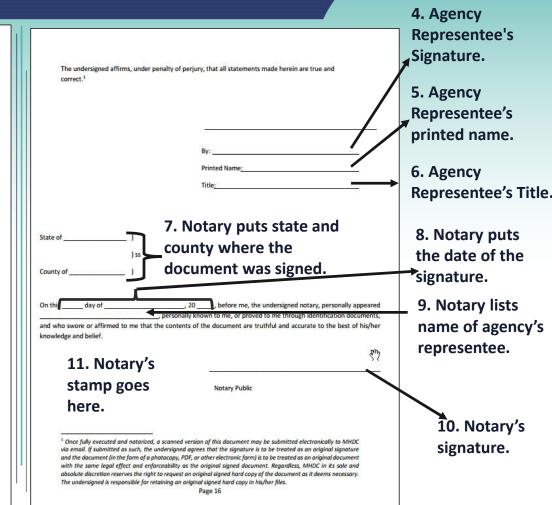
CHECK ONE:

- 1. Choose one:
 - o Is enrolled and actively using the E-Verify system or
 - o has entered an agreement with
 - and said entity is enrolled or actively using the E-Verify System pursuant to the attached agreement; and
- Does not knowingly employ any person who is an unauthorized alien, and
 Certifies that all its employees are lawfully present in the United States;

O

- 1. Is not an employer and does not have any employees,
- Certifies that for the duration of the contract with the Missouri Housing Development Commission, any independent contractor and subcontractors of such independent contractor paid for labor performed in connection with such contract are properly classified as independent contractors and should not be classified as employees,
- Certifies that for the duration of the contract with the Missouri Housing Development Commission, any independent contractor and subcontractors of such independent contractor paid for labor performed in connection with such contract are not unauthorized aliens and are lawfully present in the United States,
- 4. Certifies that if, at any time, it does employ any employees, it will immediately enroll and begin actively using the E-Verify system and will not knowingly employ any person who is an unauthorized alien and that all such employees it does hire will be lawfully present in the United States.

Page 15



Grant Agreement Rider B

RIDER "B

ATTACHED TO AND MADE A PART OF MISSOURI HOUSING TRUST FUND HOUSING SERVICES GRANT AGREEMENT

IDENTITY OF INTEREST RESTRICTIONS

As a condition of receiving the MHTF Funds provided for under the grant agreement to which this filder it is attached (the "Agreement"), the Grantee hereby acknowledges that no party having an Identity of Interest with the Grantee may benefit from or receive payments of said MHTF Funds. Grantee further acknowledges that, in addition to MHDCs reliance on all other representations made to MHDC by the Grantee in its application and in the Agreement, MHDC's decision to award MHTF funds to the Grantee has been made in reliance upon the representations made by Grantee in this Ridder 8.

For purposes of this Rider B and the Agreement, an "Identity of Interest" means any relationship which gives or would give the Grantee or any of its agents control or influence over the amount(s) paid to any individual or entity supplying goods and/or services to the Grantee related to the purposes for which the Grantee is receiving MHTF funds under the Agreement. An identity of interest is construed to exist when any of the following situations exist:

When (1) the Grantee or one of its agents; or (2) any officer or director of the Grantee or one of its agents, or (3) any person who directly or indirectly controls 10 percent or more of the voting rights, or directly or indirectly owns 10 percent or more of the fraintee or one of its agents; is also (1) the home owner, contractor, subcontractor, supplier or materialman; or (2) a person who directly or indirectly controls 10 percent or more of the contractor's, supplier's or materialman's voting rights, or directly or indirectly owns 10 percent or more of the contractor's, supplier's or materialman and the percentage of the contractor subcontractor, susponder or materialman.

For purposes of this definition, the term "person" includes any individual, partnership, corporation, or other business entity. Any ownership, control or interest held or possessed by a person's spouse, parent, child, grandchild, brother or sister shall be attributed to such person.

By its signature below, the Grantee attests to MHDC that it will ensure that no individual or entity having an Identity of Interest with the Grantee shall receive any benefit from the MHTF funds provided for in the Agreement.

| Ву | | |
|----|-------------|--------------------------|
| | (Signature) | (Printed Name and Title) |

- Included in the Grant Agreement Packet
- Must be signed by an Authorized Signee
- Authorized agent prints their name and title



MHDC-100 Direct Deposit Form



2. Write the date the form was

Form: MHDC-100

Missouri Housing Development Commission

Direct Deposit Form

| AUTHORIZATION AGREEM I (we) hereby authorize MISSOURI HOUSING DEVELOB Checking account indicated below and the depository named below, here Missouri Housing Trust Fund, Missouri Housing Innovation Please attach a voide | 1. Select either checking account or savings account. | | | | |
|--|---|---------------------|-------------------------|------------|-----------------------|
| | DEPOSITORY | | | | |
| NAME: Bank's Name | | BRANCH: What Bra | nch you use | | |
| CITY: What City the bank is located in | | STATE: What Sta | te ZIP: Zip Code | | |
| ABA #: Routing Number (Must Match the | Voided Check) | ACCOUNT #: Must Ma | tch the Voided Check | | |
| This authority is to remain in full force and effect until MI termination in such time and in such manner AGENCY NAME: Your Agency Name | | | | us) of its | |
| GRANT NUMBER: Grant Number goes here | ADDRESS: Agency Str | eet Address goes he | re | | 3 Authorized Signer's |

Signed.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.

PRINTED NAME: Authorized Signer's Printed Name

TITLE: Authorized Signer's Title

SIGNATURE:

_3. Authorized Signer's signature goes here.



MHDC-101 Authorized Signer Card



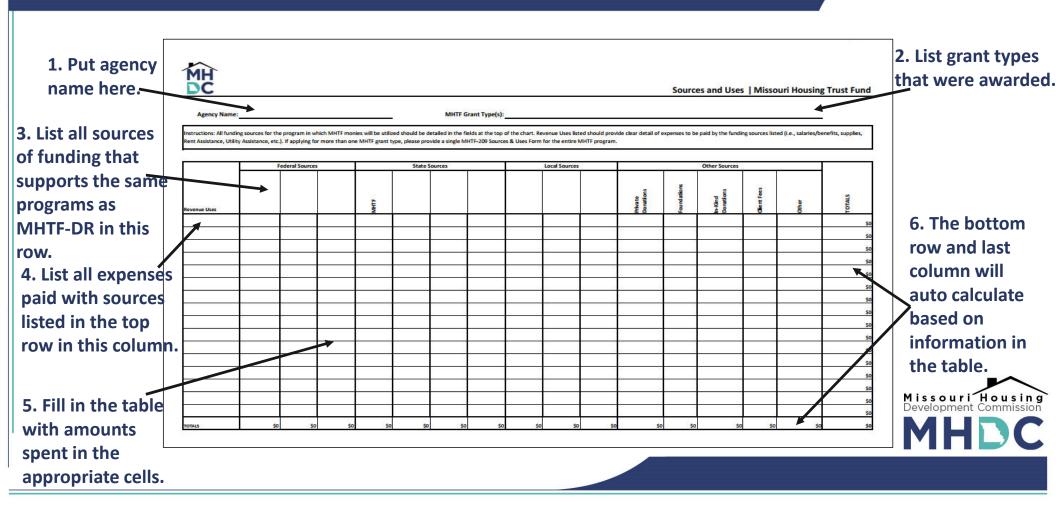
others to sign

Missouri Housing Development Commission

| Authorized Signature Card HUD and State Program Grants Purpose: To provide the names and signatures of those at the agency with authorization to process MHDC documents. Agency: Grant Number(s): Authorized Signatures * Authorized Signatures * Printed Name Title: Signature #1 Printed Name Title: Signature #2 Printed Name Title: Signature #3 Printed Name Title: Signature #3 Printed Name Title: Signature #3 Printed Name Title: | Agency Name goes here. Grant Number(s) go here. You may list more than one grant number in this section. Print name and title and then sign in the box. This is the person that is giving permission for others to sign this and other grant related documents. This is the person that must sign the bottom of the form as well. Use these boxes for other people that can sign grant documents. There must at least 2 people listed. |
|---|---|
| Printed Name Signature * At least two authorized signature boxes must be completed Note: All grant documents requiring signature(s) must be signed only by persons designated above. I hereby certify that the above signatures are of the individuals authorized to sign documents for the above referenced grant(s). Signature (Authorizing Official) Title Print Date If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://weteranbenefits.mo.gov or call (573) 751-3770 to learn about available resources. Effective Date: Jamany 1, 2019 Updated: June 1, 2022 | 5. The person who signed as the Authorizing Official must print their name and title and also sign and date this section. |

MHTF-DR-301 Sources and Uses





MHTF-DR-315 Contractor Application

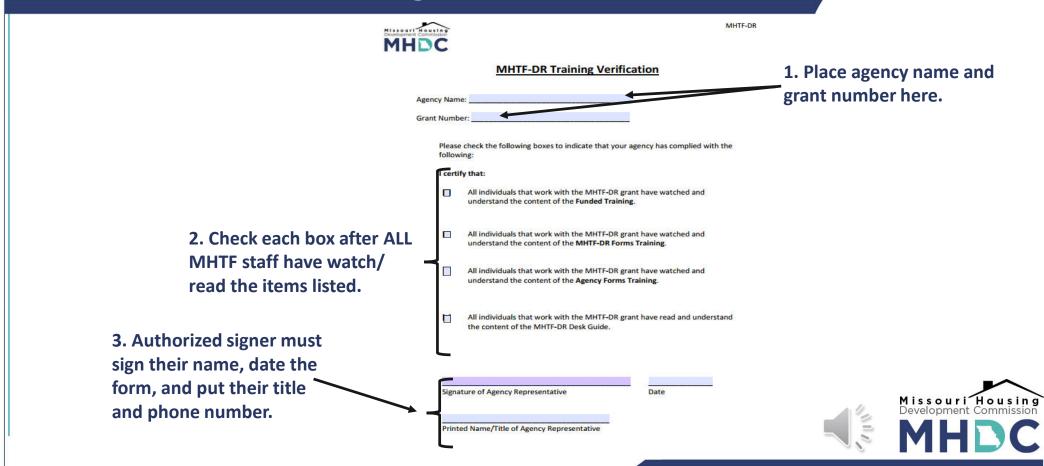


Missouri Housing Trust Fund - Disaster Relief MHTF-DR-315 Updated 6/2/2025 Contractor Application Section 1 - GENERAL INFORMATION Name of Contractor Organization: 1.Information Owner(s) Name(s): Contact Person if different: about the Street Address: company. Years in Business: Previous Company Name(s) if applicable: Attach copy of contractor organization's authority to do business in Missouri (Certificate of Good Standing). Section 2 - SUBCONTRACTED SERVICES TO BE PERFORMED Does contractor organization intend to subcontract any portion of the work being performed? 2. This is If yes, name of subcontractor information Has subcontractor been approved by MHDC? _____ Yes _____ No needed if the Note, all subcontractors, including independent contractors, must be MHDC pre-approved prior to performing any services. contractor will be sub-contracting

any part of the job.

Section 3 - INSURANCE 3. Attach these documents Attach proof of current insurance with the following minimum coverage: and the Certificate of Good General Commercial Liability in the amount of \$150,000 or more Worker's Compensation Missouri Statutory Limits Standing to this form. Vehicle Liability Insurance Section 4 - CERTIFICATION The undersigned certifies that the foregoing is true and correct to the best of the undersigned's knowledge and belief. The undersigned authorizes the release of information to MHDC and MHDC's Sub-grantee or agents and authorizes MHDC's Sub-Grantee or agents to conduct background checks, credit checks, and verify information and statements made herein through reference checks and other means necessary or efficient to the administration of business. The undersigned understands that approval does not guarantee work availability. The undersigned understands that Sub-Grantee reserves the right to terminate approval based upon 4. Contractor failure to comply with the policies and procedures of the MHTF-DR program, documented poor performance, or failure to pay suppliers. will Print, sign, and date the form. Contractor Signature Printed Name

MHTF-DR-317 Training Verification Checklist



Documents Required from the Agency

Certificate of Liability Insurance

- Current Liability insurance coverage
- Must submit new Certificate if coverage lapses

E-Verify Memorandum of Understanding (MOU)

- Every agency will be required to upload this document even if you have been funded previously
- Must upload the full MOU packet

• United Way 2-1-1 Registration

- Screenshot or print off from the website
- Must show how clients can contact the agency for assistance
- W-9
 - Used to verify the grantee's Tax Identification Number





Reporting Forms

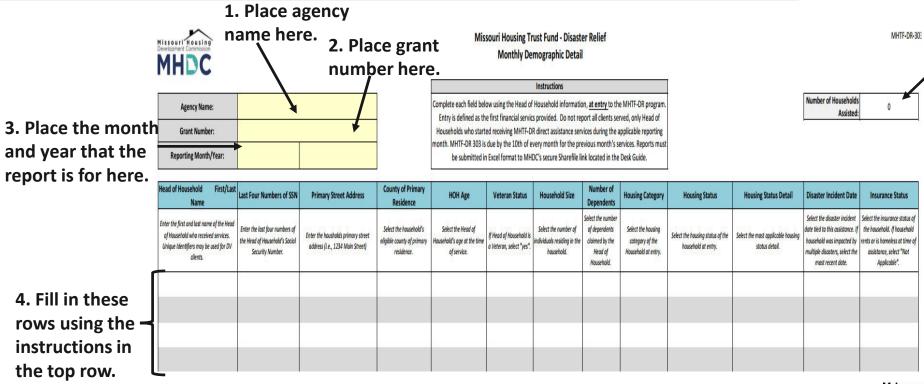


Reporting Forms

- MHTF-DR-303 Monthly Demographic Detail Form
- MHTF-DR-316 Expense Detail Form



MHTF-DR-303 Monthly Demographic Detail

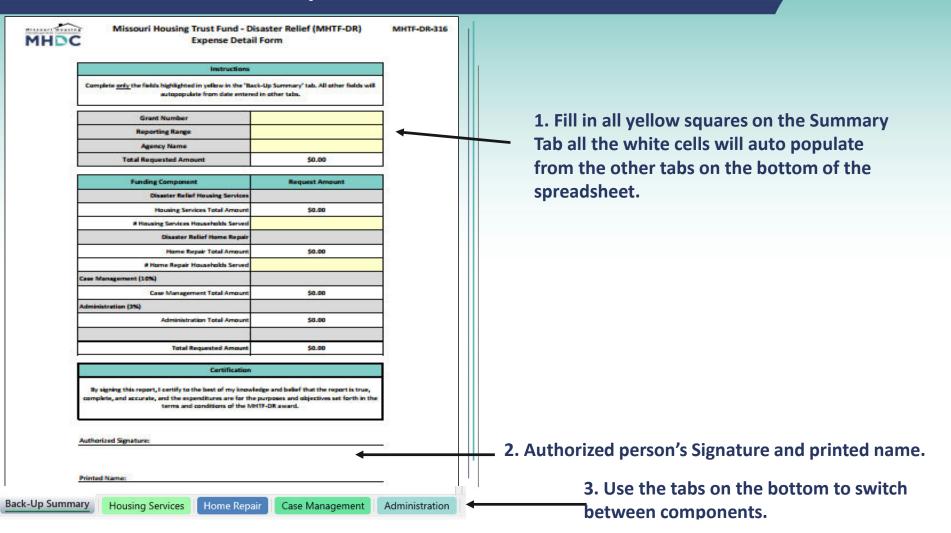


5. This box will auto populate based on information entered in the table.



MHTF-DR-316 Expense Detail Form





MHTF-DR-316 Expense Detail Form Continued

1/0/1900 \$0.00



1. This square will auto MHDC populate from the first page and the last cell will add all pages in this tab.

MHTF Disaster Relief - Housing Services **Expense Detail**

MHTF-DR-316

3. Fill in each row for every service that was provided.

| Detail Description | Amount Paid by MHTF-CR | MHTF-DR % | Total Amount | Type of Assistance Covered by the payment | Check Number | Paid Date | Incorred Date | Payee or Vendor Name | Head of Household (HDH) Name/ E) | |
|---------------------------------|------------------------------|----------------------------|---|--|---|--|---------------------------------|---|--|----|
| Additional detail of applicable | Amount billed to Minth-DR | Percent paid by MHTF-CR | Total amount of invokely payment. | telect the type of academic from the dropdown menu. | Check number or but chights of credit stard | Date payment was made to payer (check/nox date). | Date or date range on brooks | Name of payer (i.e., properly management company, managed services) | (Pest, Last) scare of the read of Hospitals who received assistance. Client Co-Minipur Identifiers can be used for clients fleeing DV | |
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| | rs Page 1 Total: | 277 | 1,000 | | | | | | | ~ |

2. The top row gives more details of what should be in each column.

> 4. The total will add up all amounts on each page.





MHDC.com

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