

MHTF-DR

Agency Forms Training

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MHDC.com

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:
 Is enrolled and actively using the E-Verify system or
 has entered an agreement with _____ and said entity is enrolled or actively using the E-Verify System pursuant to the attached agreement; and

2. Does not knowingly employ any person who is an unauthorized alien, and
 3. Certifies that all its employees are lawfully present in the United States;

OR

1. Is not an employer and does not have any employees,
 2. 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,
 3. 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.

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The undersigned affirms, under penalty of perjury, that all statements made herein are true and correct.¹

By: _____

Printed Name: _____

Title: _____

State of _____)
) ss
 County of _____)

On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____, personally known to me, or proved to me through identification documents, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

11. Notary's stamp goes here.

Notary Public

¹ Once fully executed and notarized, a scanned version of this document may be submitted electronically to MHDC via email. If submitted as such, the undersigned agrees that the signature is to be treated as an original signature and the document (in the form of a photocopy, PDF, or other electronic form) is to be treated as an original document with the same legal effect and enforceability as the original signed document. Regardless, MHDC in its sole and absolute discretion reserves the right to request an original signed hard copy of the document as it deems necessary. The undersigned is responsible for retaining an original signed hard copy in his/her files.

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4. Agency Representee's Signature.

5. Agency Representee's printed name.

6. Agency Representee's Title.

7. Notary puts state and county where the document was signed.

8. Notary puts the date of the signature.

9. Notary lists name of agency's representee.

10. Notary's signature.

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 Rider B 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 MHDC's 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 Rider B.

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 Grantee 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, subcontractor's, supplier's or materialman's voting rights, or directly or indirectly owns 10 percent or more of the contractor, subcontractor, supplier 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.

By _____
(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



Form: MHDC-100

Missouri Housing Development Commission Direct Deposit Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED GRANT PAYMENTS

I (we) hereby authorize MISSOURI HOUSING DEVELOPMENT COMMISSION, hereinafter called MHDC, to initiate credit entries to my (our)
 Checking account Savings account
indicated below and the depository named below, hereinafter called DEPOSITORY, to credit same to such account for disbursements from the Missouri Housing Trust Fund, Missouri Housing Innovation Program, Home Repair Opportunity Program, or Emergency Solutions Grant funds.
Please attach a voided check to this form and upload in Grant Interface.

1. Select either checking account or savings account.

DEPOSITORY

NAME: Bank's Name **BRANCH:** What Branch you use
CITY: What City the bank is located in **STATE:** What State **ZIP:** Zip Code
ABA #: Routing Number (Must Match the Voided Check) **ACCOUNT #:** Must Match the Voided Check

This authority is to remain in full force and effect until MHDC and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford MHDC and DEPOSITORY a reasonable opportunity to act on it.

AGENCY NAME: Your Agency Name
GRANT NUMBER: Grant Number goes here **ADDRESS:** Agency Street Address goes here
DATE: **SIGNATURE:**
PRINTED NAME: Authorized Signer's Printed Name
TITLE: Authorized Signer's Title

3. Authorized Signer's signature goes here.

2. Write the date the form was 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.



MHDC-101 Authorized Signer Card



Missouri Housing Development Commission
MHDC

Form: MHDC-101

Authorized Signer 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

* **Authorizing Official**

Printed Name _____ Title: _____
Signature _____

* **Signature #1**

Printed Name _____ Title: _____
Signature _____

Signature #2

Printed Name _____ Title: _____
Signature _____

Signature #3

Printed Name _____ Title: _____
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://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

1 of 1 Effective Date: January 1, 2019
Updated: June 1, 2022

1. Agency Name goes here.

2. Grant Number(s) go here. You may list more than one grant number in this section.

3. 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.

4. Use these boxes for other people that can sign grant documents. There must at least names listed.

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



1. Put agency name here.



Sources and Uses | Missouri Housing Trust Fund-Disaster Relief

Agency Name: _____

Instructions: List all additional funding sources your agency receives that support the eligible activities listed under Revenue Uses in correlation with the MHTF-DR program. All sources of funding must be detailed across the top fields. Please only use one MHTF-DR-301 Sources and Uses form for all MHTF-DR components. Please ensure to complete all uses for each component that's applicable on both tabs.

2. List all sources of funding that supports the same programs as MHTF-DR in this row.

3. This column includes all eligible activities for MHTF-DR.

4. Fill in the table with amounts spent in the appropriate cells.


Revenue Uses	Federal Sources			State Sources			Local Sources			Other Sources					TOTALS
				MHTF-DR						Private Donations	Foundations	In-kind Donations	Other Fees	Other	
Housing Services															
Rent (deposits, rental arrears, rental payments, app fees)															\$0
Utilities (deposits, current, and arrears)															\$0
Home/ Homeless services (essential supplies, appliances)															\$0
Home Repair															
Emergency home repairs under \$1,000															\$0
Costs to meet local codes Remediation of environmental hazards															\$0
Accessibility improvements															\$0
Energy Improvements															\$0
Septic System Replacement															\$0
Repair, replacement, or upgrade of an existing well															\$0
On-site infrastructure costs															\$0
Soft costs															\$0
TOTALS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

5. The bottom row and last column will auto calculate based on information in the table.



MHTF-DR-315 Contractor Application



 Missouri Housing Trust Fund – Disaster Relief Contractor Application MHTF-DR-315 Updated 6/2/2025

Section 1 - GENERAL INFORMATION

Name of Contractor Organization: _____

Owner(s) Name(s): _____ Contact Person if different: _____

Street Address: _____ City: _____ Zip: _____

Business Phone: _____ Tax I.D.# or Owner SSN: _____

Email Address: _____ Years in Business: _____

of Missouri Employees: _____ 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? Yes No
If yes, name of subcontractor _____

Has subcontractor been approved by MHDC? Yes No

Note, all subcontractors, including independent contractors, must be MHDC pre-approved prior to performing any services.

Section 3 - INSURANCE

Attach proof of current insurance with the following minimum coverage:

- General Commercial Liability in the amount of \$150,000 or more
- Worker's Compensation Missouri Statutory Limits
- 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 failure to comply with the policies and procedures of the MHTF-DR program, documented poor performance, or failure to pay suppliers.

Contractor Signature

Date

Printed Name

1. Information about the company.

2. This is information needed if the contractor will be sub-contracting any part of the job.

3. Attach these documents and the Certificate of Good Standing to this form.

4. Contractor will Print, sign, and date the form.

MHTF-DR-317 Training Verification Checklist



MHTF-DR

MHTF-DR Training Verification

Agency Name: _____
Grant Number: _____

1. Place agency name and grant number here.

Please check the following boxes to indicate that your agency has complied with the following:

I certify that:

- All individuals that work with the MHTF-DR grant have watched and understand the content of the **Funded Training**.
- All individuals that work with the MHTF-DR grant have watched and understand the content of the **MHTF-DR Forms Training**.
- All individuals that work with the MHTF-DR grant have watched and understand the content of the **Agency Forms Training**.
- All individuals that work with the MHTF-DR grant have read and understand the content of the **MHTF-DR Desk Guide**.

2. Check each box after ALL MHTF staff have watch/read the items listed.

3. Authorized signer must sign their name, date the form, and put their title and phone number.

Signature of Agency Representative _____ Date _____
Printed Name/Title of Agency Representative _____



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

1. Place agency name here.


2. Place grant number here.

3. Place the month and year that the report is for here.

4. Fill in these rows using the instructions in the top row.

6. Use this Sharefile link to submit the form.

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



Missouri Housing Trust Fund - Disaster Relief
Monthly Demographic Detail

Instructions

Complete each field below using the Head of Household information, at entry to the MHTF-DR program. Entry is defined as the first financial services provided. Do not report all clients served, only Head of Households who started receiving MHTF-DR direct assistance services during the applicable reporting month. MHTF-DR 303 is due by the 10th of every month for the previous month's services. Reports must be uploaded to MHDC's secure Sharefile link:

<https://mhdcs.sharefile.com/share/upload/9148d95bd-2f407c>

MHTF-DR-303

Number of Households Assisted:	0
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Head of Household Name	First/Last	Last Four Numbers of SSN	Primary Street Address	County of Primary Residence	HOH Age	Veteran Status	Household Size	Number of Dependents	Housing Category	Housing Status	Housing Status Detail	Disaster Incident Date	Insurance Status
Enter the first and last name of the Head of Household who received services. Unique Identifiers may be used for DV clients.		Enter the last four numbers of the Head of Household's Social Security Number.	Enter the household's primary street address (i.e., 1234 Main Street)	Select the household's eligible county of primary residence.	Select the Head of Household's age at the time of service.	If Head of Household is a Veteran, select "yes."	Select the number of individuals residing in the household.	Select the number of dependents claimed by the Head of Household.	Select the housing category of the Household at entry.	Select the housing status of the household at entry.	Select the most applicable housing status detail.	Select the disaster incident date tied to this assistance. If household was impacted by multiple disasters, select the most recent date.	Select the insurance status of the household. If household rents or is homeless at time of assistance, select "Not Applicable."

MHTF-DR-316 Expense Detail Form



Missouri Housing Trust Fund - Disaster Relief (MHTF-DR)
Expense Detail Form MHTF-DR-316

Instructions
Complete only the fields highlighted in yellow in the "Back-Up Summary" tab. All other fields will autopopulate from data entered in other tabs.

Grant Number	
Reporting Range	
Agency Name	
Total Requested Amount	\$0.00

Funding Component	Request Amount
Disaster Relief Housing Services	
Housing Services Total Amount	\$0.00
# Housing Services Households Served	
Disaster Relief Home Repair	
Home Repair Total Amount	\$0.00
# Home Repair Households Served	
Case Management (10%)	
Case Management Total Amount	\$0.00
Administration (3%)	
Administration Total Amount	\$0.00
Total Requested Amount	\$0.00

Certification
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures are for the purposes and objectives set forth in the terms and conditions of the MHTF-DR award.

Authorized Signature: _____

Printed Name: _____

Back-Up Summary | Housing Services | Home Repair | Case Management | Administration

1. Fill in all yellow squares on the Summary Tab all the white cells will auto populate from the other tabs on the bottom of the spreadsheet.

2. Authorized person's Signature and printed name.

3. Use the tabs on the bottom to switch between components.

MHTF-DR-316 Expense Detail Form Continued



1. This square will auto 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

Grant Number	0
Agency Name	0
Reporting Range	1/0/1900
Total Housing Services Expenses	\$0.00

Instructions:
Please complete all fields below for each Missouri Housing Trust Fund Disaster Relief-Housing Services expense within the reporting range. If the Head of Household (HOH) received more than one Housing Services benefit, list each expense as a separate line item, with the HOH information completed for all expenses.

No.	Head of Household (HOH) Name/ ID	Payee or Vendor Name	Incurred Date	Paid Date	Check Number	Type of Assistance Covered by the payment	Total Amount	MHTF-DR %	Amount Paid by MHTF-DR	Detail Description
A	(First, Last name of the head of household who received assistance. Client ID/Unique identifier can be used for clients being DV)	Name of payee (e.g., property management company, mortgage servicer)	Date or date range as invoice	Date payment was made to payee (check/ACH/ debit)	Check number or last 4 digits of credit card	Select the type of assistance from the dropdown menu.	Total amount of invoice/ payment.	Percent paid by MHTF-DR	Amount billed to MHTF-DR	Additional detail if applicable
1								0%		
2								0%		
3								0%		
4								0%		
5								0%		
6								0%		
7								0%		
8								0%		
9								0%		
10								0%		
11								0%		
12								0%		
13								0%		
14								0%		
15								0%		
16								0%		
17								0%		
18								0%		
19								0%		
20								0%		
Housing Services Page 1 Total:									\$0.00	

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

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

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



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