

MHTF

Agency Forms Training

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Housing Program Administrator



MHDC.com

Agenda

- Grant Agreement Forms
- Back-Up Form
- Timesheet
- Certificate of Continuing Compliance
- Close Out Forms

Grant Agreement Forms



MHDC.com

Grant Agreement Forms

- Grant Agreement Packet
 - Exhibit A
 - Rider B
- MHDC-100 Direct Deposit Forms
- MHDC-101 Authorized Signer Form
- MHTF-233 Client Contribution Certification
- MHTF-235 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 will contain the following:
 - Grant Agreement
 - Exhibit A
 - Rider A's
 - Rider B
- Be sure that an Authorized Agent signs the Grant Agreement on page 14
- Check that your document has all applicable Rider A's

Upload All documents in the Grant Agreement Upload



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.

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:

3. Authorized signer's signature goes here.

2. Write the date the form was signed.

PRINTED NAME: Authorized Signer's Printed Name

TITLE: Authorized Signer's Title

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.

Effective Date: November 1, 2023



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 2 people listed.

5. The person who signed as the Authorizing Official must print their name and title and sign and date this section.

MHTF -233 Client Contribution Certification



Form: MHTF-233

 **MHDC** Client Contribution Certification | Missouri Housing Trust Fund

Agency: _____
Grant Number: _____
Grant Award Amount: _____

Having accepted funds for the above Missouri Housing Trust Fund (MHTF) grant, grantee hereby certifies that the following statement is true and accurate (check one):

1. Grantee WILL require all households assisted with MHTF to pay 30 percent of the household's gross monthly income towards their gross monthly rent.

OR

2. Grantee WILL NOT require all households that are assisted with MHTF to pay 30 percent of the household's gross monthly income towards their gross monthly rent.

Signature

Printed Name

Date

1. Basic grant information goes here.

2. Check one box here.

3. An authorized agent must sign and print their name and date on the form.



MHTF-235 Training Verification Checklist

MHTF-235

 **Missouri Housing Trust Fund | Training Verification**

Agency Name: _____

Grant Number: _____

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 grant have watched and understand the content of the **Funded Training**.
- All individuals that work with the MHTF grant have watched and understand the content of the **Compliance Webinar**.
- All individuals that work with the MHTF grant have watched and understand the content of **Client File Training**.
- All individuals that work with the MHTF grant have watched and understand the content of the **Agency Form Training**.
- All individuals that work with the MHTF grant have read and understand the content of the **MHTF Desk Guide**.

Signature of Agency Representative _____ Date: _____

Title: _____ Phone: _____

1. Place agency name and grant number here.

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

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

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



Back-Up Requirements



Back-Up Requirements

- MHTF-211 Back-Up Form
- HMIS/Comparable Database Report

MHTF-211 Back-Up Form



Missouri Housing Trust Fund
Back-Up Form (All Grant Types) MHTF-211

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

Date	
Grant Number	
Agency Name	
Total Requested Amount	\$0.00

Funding Component	Request Amount
Housing Assistance	
Direct Services Total (HMIS Report)	
Percentage of Households Served	
At or below 25% AMI:	
Between 26-50% AMI:	
Emergency Assistance	
Direct Services Total (HMIS Report)	
Households Served	
At or below 25% AMI:	
26-50% AMI:	
Operating Funds	
Expense Detail Total Amount	\$0.00
Home Repair	
Expense Detail Total Amount	\$0.00
Construction/Rehabilitation	
Expense Detail Total Amount	\$0.00
Administration	
Expense Detail 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 award.

Authorized Signature _____
Printed Name _____

Back-Up Summary | Page number and page total | Home Repair | Administration | +

1. Basic agency and grant information goes here.

2. This information comes from HMIS or the Comparable Database for DV agencies.

3. This information will auto populate from the other tabs on the bottom of the worksheet.

4. Authorized person's signature and printed name go here.

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

MHTF-211 Back-Up Form

Home Repair and Administration Tabs

1. The first 2 boxes will auto populate from the first page, and the last cell will add the total of all pages in this tab. You only need to put the date range you are reporting here.

4. Fill in a row for every service that was provided.

2. Put the number of household split by their AMI category here.

3. The top row provides more detail of what should be written in each column.

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

Date	1/0/00
Grant Number	0
Agency Name	0
Reporting Range	
Total Home Repair Expenses	\$0.00

Number of Households Assisted	
At or below 25% AMI:	
Between 26-50% AMI:	

Instructions:
Please include the full name of the head of household within the detail description box along with a description of work completed.

No.	Expense Type	Incurred Date(s) (i.e. Pay Period)	Paid Date	Check Number	Vendor	Total Amount	MHTF %	Amount Paid by MHTF	Detail Description
#	Select the expense type from the dropdown menu	Date or date range on invoice	Date payment was made to payee (check/ACHdate)	Check number or last 4 of the credit card	Name of payee (Contractor)	Total amount of invoice/payment	This auto populates	Amount billed to MHTF	Head of household's name and description of the work completed
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%	\$ -	
						Page 1 Total	\$	\$	

MHTF-211 Back-Up Form

Operating Tab



1. In this section the first 2 boxes will auto populate from the first page, and the last cell will add all pages in this tab. You only need to put the reporting range here.

Date	1/0/00
Grant Number	0
Agency Name	0
Reporting Range	
Total Operating Funds Expenses	50.00

Instructions:
Please include the last four digits of the SSN for employee salary within the detail description. Please be sure to enter household information on the bottom of this page.

No.	Expense Type	Incurred Date(s) (i.e. Pay Period)	Paid Date	Check Number	Vendor	Total Amount	MHTF %	Amount Paid by MHTF	Detail Description
#	Select the expense type from the dropdown menu	Date on invoice	Date payment was made to payee	Check number or last 4 digits of credit card	Name of the payee (i.e., staff member or benefit provider)	Total amount of invoice/ payment	This auto populates	Amount billed to MHTF	Additional detail. Salaries or Benefits must include last 4 digits of employee's SSN
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%	\$ -	
						Page 1 Total	\$		

2. The top row provides more detail of what should be written 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.

Number of Households Assisted through Case Management:		Number of Households Assisted through Supportive Services:	
At or below 25% AMI:		Households Served	
26-50% AMI:			

5. Put the number of Households served by service type.



HMIS/Comparable Database Report



- HMIS Report must be included for any back-up that is billing for Housing Assistance or Emergency Assistance component
- HMIS Reports/Comparable Database must include the following
 - Client ID
 - MHTF Region
 - AMI Category
 - 0-25%
 - 26-50%
 - Amount Paid
 - Service Provided
 - Payee
 - Household Composition
 - Paid Date
- If you have questions regarding HMIS please contact your HMIS lead
 - MHDC does not have access to HMIS

Timesheet



Certificate of Continuing Compliance



MHTF-234 Certification of Continuing Program Compliance For Construction Funds

Form: MHTF-234



Certification of Continuing Program Compliance for Construction Funds

Agency: _____
MHTF #: _____
Grant Award Amount: _____
Project Address: _____

1. Fill in agency and project information here.

Having accepted funds for the above Construction project and having an executed Use Agreement for Shelters and Multifamily Projects drafted pursuant to the applicable regulations of the Missouri Housing Trust Fund (MHTF), I hereby certify that _____ (Agency) is the grantee of the Missouri Housing Trust Fund Grant for above Construction project, and that the Agency and its recipients are in continuing compliance with the terms of said Agreement and MHTF regulations. The Agency further certifies that no program expenditures have been made outside the parameters of said commitment and said regulations.

2. Place agency name here.

In witness whereof the owner has caused this certification to be duly executed in its name on this the ____ day of _____, 20__.

3. Place date here.

By: _____
Sign

Print

Title

4. An authorized signer of the agency must sign, print, and place their title here. Complete with and in front of a notary.

STATE OF MISSOURI)
COUNTY OF _____) ss.

Signed and sworn to before me, the undersigned authority, on this ____ day of _____, 20__.

Notary Public

My Commission Expires:

5. The notary will fill out this section and must include their stamp.



Close Out Forms



Close Out Forms

- MHTF-227 Close Out Form
 - Housing Assistance and Emergency Assistance
 - Operating Funds
 - Home Repair
- MHTF-209 Sources and Uses
- Close Out forms will be submitted via the Grant Interface portal
 - <https://www.grantinterface.com/Home/Logon?urlkey=mhdc>

MHTF-227 Close Out Form

HA & EA



MHTF - 227

Close Out Form - HA | Missouri Housing Trust Fund

MH DC

Date: _____
 Agency: _____
 MHTF Grant Number: _____
 Grant Award Amount(+Admin): _____

Demographic Data
 *If you should need assistance obtaining demographic data, please contact your HMIS or comparable database provider. Data provided should reflect those clients served with MHTF monies.

1 Percentage of funds spent to assist households at or below 25 percent AMI: _____
 2 Percentage of funds spent to assist households between 26 percent and 50 percent AMI: _____
 3 Number of Households served during Grant Funding Period (unduplicated): _____
 4 Number of household exited to permanent housing: _____
 5 Permanent housing success rate (percentage): _____
 6 Average length of time from intake to exit to permanent housing (days): _____
 7 Average increase in household income (dollars): _____
 8 Household increased income success rate (percentage): _____

Program Information
 Please fill out the following grid with program information:

	MHTF Portion	Whole Program (Including MHTF portion)
Number of Households Who Received Direct Assistance		
Amount of Direct Assistance Expended		
Administrative Expenses		
Total Grant Disbursement		
Amount of Unspent Grant Funds (Recapture): (Administrative Expenses + Amount of Direct Assistance Disbursed)	\$	\$
Total Grant Award: (If Applicable) (should equal "Grant Award Amount" above)	\$	

1 of 14 Effective Date: January 23, 2025

1. Put basic grant information here.

2. This information comes from HMIS.

3. Put the # of household served.

4. Put the amount spent in each of the categories.

5. This will auto calculate the total amount spent in the categories.

7. This box will equal your award and auto calculate.

6. Put any amount not spent but awarded in this category.

MHTF - 227

Counties Served
 9 Please indicate the following:
 (1) The total number of households served in each county with MHTF monies; AND (2) the percentage of MHTF spent in each county

North Counties	# Served	% Funds	Central Counties	# Served	% Funds	South Counties	# Served	% Funds
Adair			Audrain			Barry		
Andrew			Bates			Barton		
Atchison			Benton			Butler		
Buchanan			Bollinger			Carter		
Carroll			Boone			Cedar		
Chariton			Callaway			Christian		
Clark			Camden			Dade		
Davess			Cape Girardeau			Dallas		
DeKalb			Cole			Dent		
Gentry			Cooper			Douglas		
Grundy			Gasconade			Dunklin		
Harrison			Henry			Greene		
Holt			Howard			Hickory		
Knox			Iron			Howell		
Lewis			Johnson			Jasper		
Linn			Madison			Laclede		
Livingston			Maries			Lawrence		
Macon			Miller			McDonald		
Marion			Moniteau			Mississippi		
Mercer			Montgomery			New Madrid		
Monroe			Morgan			Newton		
Nodaway			Osage			Oregon		
Pike			Perry			Ozark		
Putnam			Pettis			Pemiscot		
Ralls			Phelps			Polk		
Randolph			Pulaski			Reynolds		
Schuyler			Saline			Ripley		
Scotland			St. Clair			Scott		
Shelby			St. Francois			Shannon		
Sullivan			Ste. Genevieve			Stoddard		
Worth			Washington			Stone		
						Taney		
						Texas		
						Vernon		
						Wayne		
						Webster		
						Wright		

Region Totals	# Served	% Funds
North	0	0%
Central	0	0%
South	0	0%
KC	0	0%
St. Louis	0	0%
TOTAL	0	0%

2 of 14 Effective Date: January 23, 2025

8. Put the number of households served per county here.

9. This box will auto calculate the percentage served by region.

MHTF-227 Close Out Form Operating



MHTF -227



Close Out Form - OP | Missouri Housing Trust Fund

Date:		
Agency:		
MHTF Grant Number:		
Grant Award Amount:		

Demographic Data

*Data provided should reflect services provided with MHTF monies.

1 Percentage of funds spent on Case Management: _____

2 Percentage of funds spent to on Support Staff: _____

3 Percentage of funds spent to Mileage _____

4 Number of Households served (unduplicated): _____

Program Information

5 Please fill out the following grid with program information:

	MHTF Portion	Whole Program (including MHTF portion)
Operating Costs Expended		
Amount of Unspent Grant Funds (Recapture): (If Applicable)		
Total Grant Award: (should equal "Grant Award Amount" above)		

1. Put basic grant information here.

2. Put % of funds spent per eligible activity.

3. Put total # of households served in program supported by MHTF.

4. Put the amount spent in this category.

5. Put the amount that wasn't spent of your award here.

6. This box will equal your award and will auto calculate.

MHTF -227

Grantee Feedback

6 Please add any feedback on Trust Fund requirements and processes (such as the CoC meeting requirement, the HMIS requirement, trainings, and the compliance visits).

7. Provide MHTF feedback here.

MHTF-227 Close Out Form - HR



MHTF-227

Close Out Form - HR | Missouri Housing Trust Fund

Date: _____

Agency: _____

MHTF Grant Number: _____

Grant Award Amount(+Admin): _____

Demographic Data

* Data provided should reflect those clients served with MHTF Home Repair monies.

1 Percentage of funds spent to assist households at or below 25 percent AMI: _____

2 Percentage of funds spent to assist households between 26 percent and 50 percent AMI: _____

3 Average length of time from intake to home repair project completion (days): _____

Program Information

4 Please fill out the following grid with program information:

	MHTF Portion	Whole Program (including MHTF portion)
Number of Homes Repaired		
Total Amount Spent on Home Repair		
Administrative Expenses		
Total Grant Disbursement:		
(Administrative Expenses + Amount of Direct Assistance Disbursed)	\$	
Amount of Unspent Grant Funds (Recapture):		
(If Applicable)		
Total Grant Award:		
(should equal "Grant Award Amount" above)		

- Put basic grant information here.
- Put the % of AMIs and length of HR project.
- This is the # of household served.
- This is the amount spent in the category.
- This calculates the total amount spent.
- Put any amount not spent but awarded here.

MHTF - 227

Counties Served

9 Please indicate the following:
 (1) The total number of households served in each county with MHTF monies; AND (2) the percentage of MHTF spent in each county

North Counties	# Served	% Funds	Central Counties	# Served	% Funds	South Counties	# Served	% Funds
Adair			Audrain			Barry		
Andrew			Bates			Barton		
Atchison			Benton			Butler		
Buchanan			Bollinger			Carter		
Carroll			Boone			Cedar		
Chariton			Callaway			Christian		
Clark			Camden			Dade		
Davess			Cape Girardeau			Dallas		
DeKalb			Cole			Dent		
Gentry			Cooper			Douglas		
Grundy			Gasconade			Dunklin		
Harrison			Henry			Greene		
Holt			Howard			Hickory		
Knox			Iron			Howell		
Lewis			Johnson			Jasper		
Linn			Madison			Laclede		
Livingston			Maries			Lawrence		
Macon			Miller			McDonald		
Marion			Moniteau			Mississippi		
Mercer			Montgomery			New Madrid		
Monroe			Morgan			Newton		
Nodaway			Osage			Oregon		
Pike			Perry			Ozark		
Putnam			Pettis			Pemiscot		
Ralls			Phelps			Polk		
Randolph			Pulaski			Reynolds		
Schuyler			Saline			Ripley		
Scotland			St. Clair			Scott		
Shelby			St. Francois			Shannon		
Sullivan			Ste. Genevieve			Stoddard		
Worth			Washington			Stone		
						Taney		
						Texas		
						Vernon		
						Wayne		
						Webster		
						Wright		

Kansas City Counties	# Served	% Funds	St. Louis Counties	# Served	% Funds
Caldwell			Crawford		
Cass			Franklin		
Clay			Jefferson		
Clinton			Lincoln		
Jackson			St. Charles		
Lafayette			St. Louis City		
Platte			St. Louis County		
Ray			Warren		

Region Totals	# Served	% Funds
North	0	0%
Central	0	0%
South	0	0%
KC	0	0%
St. Louis	0	0%
TOTAL	0	0%

- On this page you will put the number of households served per county.
- This box will auto calculate the percentage served by region.

MHTF-209 Sources and Uses



1. Put agency name here.



Sources and Uses | Missouri Housing Trust Fund

Agency Name: _____ MHTF Grant Type(s): _____

Instructions: List all additional funding sources your agency receives that support the eligible activities listed under Revenue Uses in correlation with the MHTF program. All sources of funding must be detailed across the top fields. Please only use one MHTF-209 Sources and Uses form for all MHTF components.

2. List grant types that were awarded.

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

Revenue Uses	Federal Sources			State Sources			Local Sources			Other Sources					TOTALS	
			MHTF							Private Donations	Foundations	In-Kind Donations	Client Fees	Other		
HA & EA																\$0
Mortgage assistance																\$0
Arrest, court costs, attorney fees, payment, exp. fees																\$0
Utilities (gas, electric, water, sewer, and trash)																\$0
Hotel/Motel payments																\$0
Essential home																\$0
EA																\$0
Mortgage Assistance																\$0
Arrest																\$0
Emergency Home Repair																\$0
Home Repairs																\$0
Curtain installation																\$0
Cedar																\$0
Remediation of environmental hazard																\$0
Accessibility improvements																\$0
Energy Improvements																\$0
Septic Repair/Replacement																\$0
Repair, replacement or upgrade of an existing curb																\$0
On-site infrastructure curb																\$0
Removal of debris from damaged home																\$0
Soft curb																\$0
TOTALS	\$0	\$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.

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

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) 761-3779 to learn about available resources.

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