

COUNCIL ACTION FORM

SUBJECT: CERTIFICATE OF CONSISTENCY WITH THE CITY'S 2014-2018 CDBG CONSOLIDATED PLAN ON BEHALF OF YOUTH AND SHELTER SERVICES, INC.

BACKGROUND:

Since 1995, Youth and Shelter Services (YSS) has received grant funds through the Department of Housing & Urban Development's (HUD) Supportive Housing Program (SHP). Under this program, YSS administers its Lighthouse Transitional Living Programs in Story, Boone, Hardin, and Marshall Counties. The Lighthouse Transitional Living Program targets young mothers who are 16-25 years of age, homeless youth ages 16-21, and homeless pregnant/parenting women ages 16-25 with their children. The HUD funds are for leasing of rental properties, supportive services, and operations for the clients.

The YSS renewal funding application request is for approximately \$194,737, of which approximately \$58,341 is designated for Ames/Story County. YSS is in the process of preparing their 2016 Supportive Housing Program renewal application that will be submitted as part of the State of Iowa's Balance of State Continuum of Care Application by November 5, 2015.

Since Ames is a designated CDBG entitlement community, agencies requesting funding from HUD must have approval from the City that their program application matches the goals of the City's Consolidated Plan. Therefore, in order for YSS to submit its application to the State of Iowa, they must receive certification from the City of Ames that their application is consistent with the goals outlined in the most current City's Consolidated Plan. (See attachment)

ALTERNATIVES:

1. The City Council can authorize the Mayor to sign the Certificate of Consistency.
2. The City Council can deny approval authorizing the Mayor to sign the Certificate of Consistency.

MANAGER'S RECOMMENDED ACTION:

Staff's overview of YSS's program application finds that it is consistent with the goals outlined in the City's CDBG 2014-2018 Consolidated Plan. Therefore, it is the recommendation of the City Manager that the City Council adopt Alternative #1 as described above.

**Certification of Consistency
with the Consolidated Plan**

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Youth and Shelter Services, Inc.

Project Name: Lighthouse Transitional Living Program

Location of the Project: Boone County, Hardin County, Marshall County, and Story County
including Ames

Name of the Federal Program to which the applicant is applying: U.S. Department of Housing and Urban Development

Name of Certifying Jurisdiction: City of Ames

Certifying Official of the Jurisdiction Name: Ann Campbell

Title: Mayor

Signature: _____

Date: _____