

Check one of the following and complete only that section:

Business Entity

Housing for the chronically mentally ill

Describe the business in which the entity is engaged

Chief Executive Officer: Leslie Barbara President & CEO
Last First Title

If partnership or limited liability company, checked here

Industry, Trade or Professional Association

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

Other Not for Profit

Labor Union Charitable/Religious/Civic, etc Other

Mission: Build better communities by providing employment, housing and support to people with disabilities and other challenges.
Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents
Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: _____

Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self employed

Describe the business activity in which the individual of the individual's employer is engaged

Section III – Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

Community Development Block Grant Application and Zoning Issues

Section IV – Authorization of Lobbyists

As a designated representative of the Principal, the Lobbyist named above is hereby authorized to lobby on behalf of the Principal

The lobbyist is an independent contractor for the Principal

The lobbyist is also authorized to file expense reports or other filings on behalf of the Principal.

Dated: _____ N/A _____

Name: _____

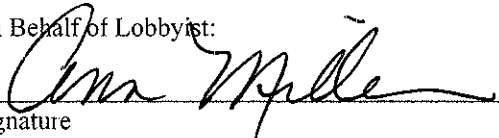
Position: _____

Signature: _____

Section V - Certification

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture, if I know or believe any of the above information not to be true

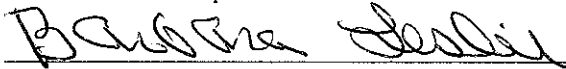
On Behalf of Lobbyist:

 _____
Signature President
Title

Ann Miller _____
Type or print name as signed above Date 10/14/09

Address & Telephone (if different from first page of this form)

On Behalf of Principal:

 _____
Signature President & CEO
Title

Barbara Leslie _____
Type or print name as signed above Date 10-16-09

Address & Telephone (if different from first page of this form)

List the City agencies in which the principal seek to influence administration action:

All None Agencies listed below

Community Development Block Grant

Planning and Zoning

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31

1. Item: CDBG Grant Approval and Zoning Approval

a How will this item affect the principal's business or other activity?

Permit construction and operation of a HUD financed facility for chronically mentally ill.

b Which industry, trade, profession or segment or portion thereof would be principally affected?

N/A

c If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

N/A

For additional items, attach additional sheets

2 If lobbying communication relates to the capital or operating budget, identify topic or topics.

Capital Budget

Operating Budget

N/A

Topic

Topic

Topic

Topic

Topic

Topic

Topic

Topic

Topic

Topic

Topic

Topic