

**COUNTY OF MONTEREY ENTITLEMENT AREA
FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

PUBLIC SERVICE PROJECT PROPOSAL

CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC SERVICE PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.

A. APPLICANT INFORMATION

1. Legal Name of Organization: Shelter Outreach Plus
2. Mailing Address: PO Box 1340
City: Marina Zip: 93933
3. Executive Director Name & Title: Reyes Bonilla, Executive Director
4. Organization's Website Address: www.shelteroutreachplus.org
5. Organization's **DUNS #**: 165368010 **and Tax Payer ID #**: 94-252-5231
6. Contact Person Name & Title for **Project** Questions: Reyes Bonilla, Executive Director
 - a. Phone: (831) 384-3388 ext. 116 FAX: (831) 384-1308
 - a. E-mail Address: rbonilla@sopinc.org
7. Contact Person Name & Title for **Financial** Questions:
 - b. Phone: (831) 384-3388 ext. 114 FAX: (831) 384-1308
 - c. E-mail Address: mirao@sopinc.org
8. Type of Public Service Project: Youth Homeless Senior or
 Other (Please specify)
9. Number of Low/Mod Beneficiaries in the Entitlement Area to be Served: 100
Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = \$172.36
10. Title of Proposed Project: Mobile Outreach Service Team (MOST)
 - a. Address/Service Area of Project: Monterey County
 - b. Amount Requested for this Project: \$17,236
 - c. Amount of Leveraged Funds Available for this Project: \$103,006
 - d. Total Project Cost (all sources): \$120,242

Note: The amounts for b, c, and d should equal the amounts in Section E. Project Budget/Leveraging.

B. PROJECT INFORMATION

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

1. NEED

Indicate the applicable CDBG program national objective that your project activity addresses. Enter 1, 2, or 3 here: **1**

- 1. Benefit extremely low-, very low- and low/moderate-income persons,
- 2. Aid in the prevention or elimination of slums or blight, or
- 3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?
 Help those with HIV or AIDS?

Help the homeless
 Help the disabled?

In 500 words or less, provide a concise description of the proposed project. Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rey Oaks, Gonzales, or the unincorporated County areas.

General Project Description:

M.O.S.T. is comprised of a team of skilled outreach workers. The program operates out of a van five days a week and is deployed to different locations where homeless are known or thought to gather throughout Monterey County. The M.O.S.T. program distributes blankets, tarps (for temporary shelter), food, toiletries and other personal essentials to homeless people that live outdoors and on the streets. Resources and referrals are also provided and trusting relationships established to help those in need better access available shelter and services.

Specific Population(s) Served: Homeless families/individuals - men, women and children, living outdoors and on the streets.

Program Specifics:

- Over 8,000 units of service are provided annually.
- Often M.O.S.T. is the first point of contact for the homeless living outside and on the streets.
- Outreach staff provide a wide variety of basic need items such as blankets, tarps, food, personal hygiene toiletries, etc.
- Information and referrals are made when clients come to the van for basic need items.
- Basic case management is available but difficult since meeting with the clients is sporadic and time limited.
- Coordination occurs with mental health services (e.g. Interim's MCHOME Program) and arrangements are made for assessments of clients with severe mental illness.

Basic Program Eligibility: Services are offered to any homeless man, woman and child living outdoors and on the streets.

Statement of need for proposed service area:

The 2011 Monterey County Homeless Census identified 2507 homeless individuals and individuals in families. The census is conducted Countywide in January and attempts to visibly identify all street homeless and housed homeless on a single day in January. The census gives us an overall snapshot of the homeless population.

Gonzales: 73 individuals (3%)

Del Rey Oaks: 25 individuals (1%)

Pajaro: 280 individuals (11%)

Unincorporated Monterey County: 462 individuals (18%)

Demographics: Due to the nature of the census, extended demographics are not available on proposed populations served in the Entitlement area. However current MOST demographics indicated the following demographic trends with the street homeless population:

Male: 53%

Female: 42%

Children under the age of 18: 16%

Adults age 18-34: 35%
Adults age 35-54: 30%
Adults age 45-59: 23%
Adults age 60 and over: 10%

African American or Black: 8.0%
American Indian: 1.0%
Asian: 2.0%
Hispanic or Latino: 32.0%
Pacific Island: 2.0%
White: 36.0%
Other 3.0%
2 or more races/ethnicities: 10.0%
Unknown/Unreported: 6.0%

Proposed expanded service description: The project proposes to service additional locations in Gonzales, Del Rey Oaks and one additional location in unincorporated Monterey County (**the entire entitlement area**). Expanded mobile van services would also include contracted mental health assessments/treatment by a licensed clinical social worker and medical services and for clients at these locations. Pajaro, an unincorporated location is currently being serviced by the van. Expanded services (licensed clinical social worker) under this project would also be offered to Pajaro clients. Pajaro clients are already serviced by a medical dental homeless outreach van operated by Clinica de Salud and would not require additional contracted services.

PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. **Please check only one box on this page that best applies to your project's outcomes and objectives.**

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to extremely low-, very low- and low/moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility**
 Creates Decent Housing with New/Improved Availability
 Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of extremely low-, very low- and low/moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability**
 Creates Decent Housing with New/Improved Affordability
 Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Sustainability/Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally extremely low-, very low- and low/moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

X Enhances the Living Environment through New/Improved Sustainability

Creates Decent Housing with New/Improved Sustainability

Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

The Mobile Outreach Services Team (MOST) currently services multiple sites where homeless congregate. This project proposal proposes to service additional locations in Del Rey Oaks, Gonzales and an additional site in unincorporated Monterey County in addition to its existing service site in Pajaro. Outreach to new service sites would occur through the identification of sites where homeless congregate in these new service areas. The van would frequent these new sites once a month. Word generally spreads to other homeless through word of mouth as to where and when services are available. Other local providers of homeless services would also be informed of the locations and times of scheduled van visits to communicate with any homeless clients they may be serving.

How will people or conditions in the community change as a result of what you do?

The MOST van currently provides case management and basic needs (food, clothing and toiletries) outreach to street homeless in Monterey County. The project proposes to service additional locations in Gonzales, Del Rey Oaks and one additional location in unincorporated Monterey County. Expanded mobile van services would also include contracted mental health assessments/treatment by a licensed clinical social worker and medical services and for clients at these locations. Pajaro, an unincorporated location is currently being serviced by the van. Expanded services (licensed clinical social worker) under this project would also be offered to Pajaro clients. Pajaro clients are already serviced by a medical dental homeless outreach van operated by Clinica de Salud and would not require additional contracted services.

Targeted Intensive Outreach: Expanded (mental health/life skills/medical)MOST services would target street homeless clients, in some cases chronically homeless, in need of intensive social services but who may not be ready be ready for a sheltered living situation because of other personal stability barriers like substance abuse/mental health, poor life skills. Additionally, clients would receive assistance with case management/assessment to access mainstream services/benefits.

Case management staff would additionally work with clients on a monthly basis, with the ultimate long-term goal of accessing sheltered or other transitional living services.

General Street Homeless Outreach: Clients in need of more general outreach services (basic needs assistance, light case management, assistance with access to mainstream services, life skills, and information and referral services) would also be served at these selected service sites.

Ultimately, the goal of this project is to assist clients to either become housed or access programs that will help them become housed in the long term through access to intensive services, thereby improving the lives of clients served and the surrounding community.

Ultimately, communities are improved, to include public cost-savings, as homeless demand for emergency services are met on-site. Chronic homeless, often comprising the majority of public emergency services demand are compelled to accept sheltered services in the long-term.

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

Project effectiveness will be measured by several

1. All clients will receive basic needs outreach services (all clients)
2. 15% of clients (all clients) will gain access to shelter or transitional living services versus number served
3. 25% of clients exhibiting mental illness and or/substance abuse illness will be compelled to accept intensive services (only clients exhibiting mental illness or substance abuse illnesses, estimated 40% of clients served)
4. All clients needing access to medical services will be served (all clients)
5. 30% of clients will receive new or expanded access to mainstream services and benefits (all clients possessing legal status, estimated 70%)

NOTE: Clients served who do not possess legal status may be ineligible to receive most publically funded services and programs but may still require basic needs outreach and referral to other community services/agencies that can assist them. To the extent possible, the MOST van will assist these clients.

2. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

Outreach on the streets is the first point of contact for people who are unknowledgeable of or reluctant to access site-based services and is the first step in engaging street homeless in services.

Most of the cost of this project involves funding expanded access for homeless clients through the contracted services of a licensed clinical social worker and contracted medical services. Much research has been done on the cost-effectiveness of providing these services to street homeless. Ultimately, cost-savings are realized in reduced demand for emergency services (police intervention, hospital emergency room visits), particularly for those clients who are housed as a result of street outreach intervention.

For other homeless, barriers may be more economic in nature and result from a lack of education opportunities or life skills to gain sustainable employment opportunities. For these clients, access to short term emergency shelter or longer-term transitional living programs may resolve barriers to economic and, consequently, housing stability. Others may additionally need expanded access to mainstream benefits to resolve economic and housing stability. Without outreach to assess street homeless' service needs, clients will continue to remain on the streets.

The overall project budget is reasonable and cost effective for the anticipated results. Costs were based on an assessment of the time needed to provide serves and based on local prevailing wages. Other non-wage related costs were also estimated based on research on historical equivalent costs to the agency.

3. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

Reyes Bonilla, Executive Director will be responsible for overall program administration of the activity. Mr. Bonilla has 10 years of related experience managing HUD funded programs and 4 years of direct experience managing CDBG and Cal Works funding

Miripi Irao, Finance Manager, will be responsible for the financial management of the activity. Ms. Irao has 12 years of experience in managing HUD funding streams, including CDBG and Cal Works

funding.

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

MOST Program Supervisor (current): Kendra Brady-Bowling was hired in December 2010 to provide additional case management support to clients. Her experience is as an office manager and as a City of Salinas resident. She is also the Coordinator for the Streets of Bethlehem at the First Baptist Church in Salinas.

MOST Program Lead Case Manager (P/T, current): This position is currently vacant and Shelter Outreach Plus is recruiting an experienced bi-lingual street outreach case management worker.

MOST Van Driver/Case Manager (P/T, current): Robert Hutchins has worked with the agency since the late 80's. His long history with the agency and the program makes him highly qualified to work with clients.

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

Expanded outreach (contracted licensed clinical social worker) and service to new sites as defined in Section B, Project Information, would begin as of the beginning of anticipated contract period (July 1, 2013). Services would continue through June 30, 2014 (detailed staff expense is included in Table 2, Project Budget 2013/2014).

Contracted service memorandums would be negotiated and signed by, at the latest, mid-May, 2013 and contingent upon a successful CDBG funding contract with the County of Monterey.

New van service site identification would be complete by May 2012, prior to the start of services in July 2013.

Our currently vacant P/T Lead Case Manager position should be filled by, at the latest, early March 2013. Additional staff working hours to accommodate new service locations would begin in July 2013 and continue through the funding period.

4. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

Shelter Outreach Plus began in 1978 as Women for Women. Based in Salinas, it was the first emergency shelter for single women created in Salinas. Later, Women for Women became Shelter Plus. In 1998, Shelter Outreach Plus was created as a result of a merger between two long-standing nonprofit agencies, Shelter Plus and Peninsula Outreach. Both were providing shelter services to individuals and families who were homeless or victims of domestic violence in Monterey County.

Over time, Shelter Outreach Plus has emerged as the largest, single provider of homeless and domestic violence services within Monterey County available to the general public. The agency provides the entire range of Continuum of Care services to homeless individuals and families, to include street outreach (distribution of food, clothing and blankets, toiletries), emergency shelter and transitional housing combined with supportive services. SOP's programs are designed specifically to help move people forward through a Continuum of Services, towards sustainable self-sufficiency.

Shelter Outreach Plus' (SOP) programs include: Mobile Outreach Street Team (MOST) (300 unduplicated clients reached annually), 4 emergency shelter programs (90 beds) and three transitional housing programs (46 housing units total), all with supportive services.

Street Outreach: The Mobile Outreach Street Team (MOST) operates county-wide offering food, clothing and supplies to homeless individuals and families, living outdoors or on the streets. MOST is an operational team that makes multiple stops each week at locations where low-income/homeless people frequent. Individuals and families are served in areas as diverse as the Pajaro River Bank to locations in Monterey, Pacific Grove and Salinas. The MOST team operates as an emergency essentials dispensary for food, clothing and toiletries but also as an outreach van that engages clients to seek longer term services that will get help get them off the streets.

Emergency Shelter: Shelter Outreach Plus operates **90 beds of daily emergency shelter** through four programs:

I-HELP (Interfaith Homeless Emergency Lodging Program): The I-HELP has two geographic service locations, one on the Monterey Peninsula and the second in the Salinas area. Each program feeds and lodges 25 men per night (50 total) in cooperation with a network of upwards of 60 host churches, temples and synagogues. Clients are picked up at a specified location within the cities of Monterey and Salinas then transported to a host facility, fed a hot meal, and lodged for the night. In the morning, after cleaning the facility, clients are transported back to the pick-up point or to an appointment. Individuals can stay for up to six months in the I-HELP Program.

Seaside Emergency Shelter (Hamilton House): Hamilton House provides 16 emergency shelter beds for single women or women with children who are homeless or victims of domestic violence. The shelter is open 24 hours a day, however residents must adhere to a strict 7pm curfew and be out working, looking for work or attending school between the hours of 10AM and 4PM.

Salinas Emergency Shelter (Natividad Family Shelter): Natividad is a 12-room, 24-bed, emergency shelter in Salinas. It is primarily a domestic violence shelter for the Salinas Valley although, when space is available, homeless women/families are accommodated. Shelter stays are generally 30 to 90-days. The shelter is open 24 hours a day.

All of Shelter Outreach Plus' emergency shelter programs offer nightly shelter, food, transportation to appointments, laundry services, clothing and toiletries. SOP's case managers work with each participant to help them design an individualized case plan to meet their short-term goals, as well as offering them supportive services such as advocacy, resource and referral (especially mental health and drug treatment), immigration services, educational counseling, access to a voice mail and mailing address, and job preparation resources.

Transitional Housing (Total 46 housing units, 132 beds daily): Shelter Outreach Plus has three transitional housing programs serving Monterey County:

Homeward Bound: Homeward Bound (25 two-bedroom units, avg. 75 bed capacity) serves single women with children who were previously homeless or victims of domestic violence.

Lexington Court: Lexington Court (7 two-bedroom units, avg. 21 bed capacity) is a program for homeless dual parent families and single fathers with children.

Men-in-Transition (MIT): Men-in-Transition (8 three-bedroom units, 24 bed capacity) serves single homeless men. SOP also leases 6 two-bedroom units, 12 bed capacity, to Interim, Inc. for the homeless with severe mental illness.

Supportive Services

All residents regardless of program receive case management guidance, counseling, and other supportive services dependent upon need and length of stay. In general, shelter residents receive immediate help with income and housing, while transitional residents find education, employment, and counseling a priority. All residents are entered into a Homeless Management Information System (HMIS) to document client activities and case management guidance. The use of HMIS is mandated by the U.S. Department of Housing and Urban Development. The informational database eliminates paper case files and serves as the electronic means to transfer data between programs and partnering agencies.

5. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

Countywide Homeless Services Collaboration:

SOP collaborates with several important coalitions and boards in the County to coordinate the provision of homeless services. Shelter Outreach Plus' involvement is as follows:

- Community Action Partnership Collaborative Member: SOP has been a member of the Community Action Partnership regional collaboratives for nearly seven years and has been funded by the CAP for many years. Collaboratives are formed by County geographic regions so that low-income services are available where clients live and work. SOP is a member of the Monterey Peninsula Collaborative, the North County Collaborative and the Salinas Collaborative.

Collaboratives meet bi-monthly to exchange information, discuss any new program that have become available, provide status reports, and review client referral rates and/or issues. The collaboratives have developed brochures outlining the services, the providers available in that region, and their contact information. The brochures are used for outreach, as well as information and referral for the community at large.

- Coalition of Homeless Services Providers (CHSP) – As one of 11 member-agencies, Shelter Outreach Plus actively participates in the CHSP activities. The Coalition coordinates and facilitates homeless services provided by all of Monterey County's nonprofits. Except for incorporated cities, the CHSP receives and disperses all Housing and Urban Development (HUD) Super NOFA funding for Monterey County. As a CHSP member-agency, SOP submits an annual application for ranking and award by CHSP. As a member of the Coalition, SOP is an active participant in the provision of services for the County's Continuum of Care.
- Salinas Downtown Community Board Member – The Community Action Partnership and Shelter Outreach Plus are voting members of the Salinas Downtown Community Board (SDCB), a board comprised of 24 community stakeholders, educational institutions, government officials, and nonprofit agencies. The Board's mission is to revitalize the Soledad Street neighborhood in Salinas which is area for drug sales, prostitution, homelessness, and violence. As a voting member of the SDCB, SOP must plan for the continued coordination and delivery of homeless services in this neglected area of Salinas, and balance that plan with the community's desire for a clean, viable living and commerce neighborhood.
- Homeless Census 2011 – SOP participated in the planning of the census as well as the census itself. As members of the Coalition of Homeless Services Providers, SOP provided input and guidance to bring County homeless services providers to the table to ensure an accurate homeless count.

Project Specific Services Collaborations:

In Kind Donations for Basic Needs Outreach -

Shelter Outreach Plus leverages donations from many sources to distribute basic needs supplies to MOST clients. These include many private businesses, individuals, community groups and organizations. In this way it is able to maximize basic needs provided through the van to the street homeless community.

Client Referrals Collaboration -

Community Human Services: counseling, drug and alcohol recovery

Shoreline employment training

Clinica de Salud: primary health

Interim Inc: mental health

Veterans Transition Center veteran's services and transitional housing

Sun Street Centers: alcohol and drug counseling/recovery

On-site services -

Central Coast HIV/AIDS Services: STD/HIV screening testing and education

Contracted Services:

Clinica de Salud, Mobile Services Van: dental screenings, basic primary care, referral to specialty medical needs

If you have no collaborative partners, explain how you propose to coordinate your services with other community agencies in order to leverage resources.

N/A: see above

C. HUD REQUIRED BENEFICIARY INFORMATION

1. Income Eligibility – Indicate how your organization verifies **income eligibility** of clients.

Be sure to provide the documentation indicated for your selection(s)

<p>Area of Benefit. Project service area has been identified and determined to be statistically low/mod-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low/mod-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <u>Attach a map.*</u></p>	
<p>Income Certification. Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, <u>attach blank “intake” form.*</u></p>	
<p>Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach worksheet.*</u></p>	
<p>Presumed Beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <u>If you use this method, please indicate which group.*</u></p>	<p>X (Homeless)</p>
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain on a separate page.*</u></p>	

Note: HUD has not yet released new Low/Mod Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. Race and Ethnicity – The Federal Office of Management and Budget (OMB) requires data collection standards for federal grant recipients as described in the instructions.

PROVIDE A COPY OF YOUR PROGRAM'S “ELIGIBILITY” (CLIENT INTAKE) FORM.

Attached

3. Location of Beneficiaries

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served FY 2013-14	Low/Mod Income Beneficiaries Estimated to be Served FY 2013-14
Gonzales	P: 19	P: 19
Del Rey Oaks	P: 7	P: 7
Unincorporated Area	P: 74	P: 74
TOTAL	P: 100	P: 100

Please indicate the source of your information.

D. ORGANIZATIONAL CAPACITY

This section is to be completed by all non-governmental applicants.

HUD Grant Experience for the past three years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount
HUD – Continuum of Care – Homeward Bound	Transitional housing and supportive services for single women with children	October 1, 2012	\$115,999
HUD – Continuum of Care – MOST/Lexington Court	Street outreach and supportive services for homeless individuals and families and transitional housing and supportive services for intact homeless families	February 1, 2012	\$121, 832
HUD – Continuum of Care – Men in Transition	Transitional Housing and supportive services for single adult homeless men	February 1, 2012	\$166,599
City of Salinas – CDBG – Public Services – I-HELP Program	Emergency shelter and case management for single homeless men in Monterey	December 3, 2012	\$26,000
City of Monterey – CDBG – Public Services – I-HELP Program	Emergency shelter and case management for single homeless men in Salinas	June 1, 2012	\$11,550

Fiscal Year and Audit Reports

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	July 1-June 30
Date of your organization's most recently completed audit. (Month/Year)	March, 2012
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	July 1, 2009- June 30, 2010
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	Yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	None

Financial Management - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

Organizational Structure

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c).3)	X

Insurance Documentation - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? * ___ Yes or **X** No

*Generally, a faith-based organization was founded or is inspired by faith or religion.

E. PROJECT BUDGET /LEVERAGING

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and if so, highlight how that would affect the scope of services you are proposing.

The proposed activity to expand MOST outreach services could not be undertaken without additional funding from this proposal. This would not affect our current street outreach services offered at other sites. The proposition to provide services to new sites would not be pursued without this funding. A reduced commitment of funding would necessitate a more limited service area and/or a more limited service offering (basic needs outreach and case management only).

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

1. Prior and Current Year Project Funding

Submit a **Statement of Activity or Income Statement** for year ending 2012, or fiscal year 2012-13, that shows actual income and expenses for your project; NOT for your entire agency or program. Include detail of revenue sources and amounts received from each source.

Submit TABLE I - Public Service Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire agency or program. A copy of this file is included on page 9 of this application. The **Excel File** is available on the Community Development website.

2. Anticipated Project Funding

Submit TABLE II - Public Service Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire agency or program. Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included on page 10 of this Application and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the space provided at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

**CDBG PROGRAM
Project Proposal Checklist
Program Year 2013-14**

Organization: Shelter Outreach Plus

Project: Mobile Outreach Services Team (MOST)

Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Service Application
A	✓	Application – Original and three ¹⁰ copies
B	✓	Application – in Word format sent on CD to County
C	✓	Statement of Activity or Income Statement for YE 2012 or <u>FY 2012-13</u>
D	✓	Table I – Public Service Adopted Budget for FY 2012-13
E	✓	Table II – Public Service Proposed Budget for FY 2013-14
F	✓	Evidence of Insurance Coverage
G	✓	Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A	✓	CDBG	Most Recent Audited Financial Statement + <i>Management Letter</i>
B	✓	CDBG	List of Board of Directors and Affiliations
C	✓	CDBG	Organizational Chart

- ✓ CDBG Federal And State Tax Exempt Documentation
- ✓ CDBG Articles of Incorporation and Bylaws

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.

F. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
 - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
 - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
 - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

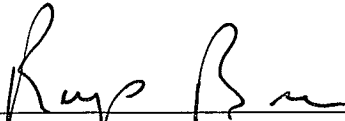
Shelter Outreach Plus	
Name of Agency	
Reyes Bonilla, Executive Director	
Typed Name and Title of Agency Official	
 Agency Official's Signature	1-2-13 Date of Signature
(831) 384-3388	rbonilla@sopinc.org
Telephone Number of Agency Official	e-Mail Address of Agency Official

TABLE I - PUBLIC SERVICES PROJECT FY 2012-13 ADOPTED BUDGET

Applicant: Shelter Outreach Plus
Project: Mobile Outreach Services Team (MOST)

Revenue

	(Specify Source)	Amount	Status*
Source 1:	HUD - MOST	\$ 80,192	C
Source 2:	FEMA Grant	\$1,000	N
Source 3:	Monterey County Collaborative Grant	\$10,314	C
Source 4:	Driscolls Foundation	\$3,500.00	C
Source 5:	Monterey Peninsula Volunteer Services	\$3,000.00	C
Source 6:	Monterey Peninsula Foundation	\$5,000.00	C
Total Revenue		\$ 103,006	

Status*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

Expenses **

Category	Amount
Wages/Benefits	\$56,142
Consultant/Contract Fees	\$3,529
Travel/Mileage	
Rent	
Insurance	\$5,091
Utilities	\$6,777
Equipment (Rental, lease, purchase)	
Supplies, printing, postage	\$1,714
Client Services (describe below)	\$11,388
Clothing, Supplies, Food, Transportation	
Other Expenses (describe below)	
Admin Wages and Benefits	\$9,293
Vehicle Operations and Maintenance	\$8,633
Membership and Dues	\$20
Staff Development	\$367
Marketing Advertising and PR Expense	\$53
Total Expenses	\$103,006

Budget Estimator:

Name: Miripi Irao
Title: Finance Manager
Phone: (831) 384-3388

** If necessary, you may edit the fields to properly reflect your expense categories.

TABLE II - PUBLIC SERVICES PROJECT FY 2013-14 PROPOSED BUDGET

Applicant: Shelter Outreach Plus
Project: Mobile Outreach Services Team (MOST)

Revenue	(Specify Source)	Amount	Status*
Source 1:	HUD - MOST	\$80,192	P
Source 2:	FEMA Grant	\$1,000	N
Source 3:	Monterey County Collaborative Grant	\$10,314	N
Source 4:	Driscolls Foundation	\$3,500	N
Source 5:	Monterey Peninsula Volunteer Services	\$3,000	N
Source 6:	Monterey Peninsula Foundation	\$5,000	N
Source 7:	Monterey County CDBG	\$17,236	P
Total Revenue		\$ 120,242	

Status*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

Expenses **

Category	Amount
Wages/Benefits	\$60,138
Consultant/Contract Fees	\$3,529
Contracted Licensed Clinical Social Worker	\$5,760
Contracted Medical Services	\$5,760
Travel/Mileage	
Rent	
Insurance	\$5,091
Utilities	\$6,777

Budget Estimator:

Name: Miripi Irao
 Title: Finance Manager
 Phone: (831) 384-3388

Equipment (Rental, lease, purchase)	
Supplies, printing, postage	\$1,714
Client Services (describe below)	\$12,388
Clothing, Supplies, Food, Transportation	
Other Expenses (describe below)	
Admin Wages and Benefits	\$9,293
Vehicle Operations and Maintenance	\$9,353
Membership and Dues	\$20
Staff Development	\$367
Marketing Advertising and PR Expense	\$53
Total Expenses	\$ 120,242

** If necessary, you may edit the fields to properly reflect your expense categories.

Briefly describe what this grant will pay for in the text box below:

The grant request will fund the following:

Contracted services for a licensed clinical social worker to provide mental health assessment/treatment at four sites, Pajaro, Gonzales, Del Rey Oaks and one additional unincorporated site per month (one time per month per site), for two hours - 8 hours per month, 12 times per year at \$65 per hour = \$5,760

Contracted medical services including dental screenings, basic primary care and referrals to specialty medical needs: 6 hours per month at three sites, Gonzales, Del Rey Oaks and one additional unincorporated site per month (one time per month, per site), for two hours - 6 hours per month, 12 times per year at \$80 per hour = \$5,760

Program staff time required for two staff members to service three additional new sites (Gonzales, Del Rey Oaks, one additional unincorporated site): 3 hours per site (1 travel to and from admin office, 2 hours on-site services) once a month for 3 sites = \$3,996

Additional Vehicle Operations Costs @ 50 cents per mile traveled to visit three additional sites (Gonzales, Del Rey Oaks, one additional unincorporated site) = \$720

Additional Client Services Costs = \$1,000

Total Project Request: \$17,236

**Homeless Management Information System
DROP-IN CENTER RELEASE OF INFORMATION AUTHORIZATION**

SHELTER OUTREACH PLUS is a Partner Agency in the Homeless Management Information System, a shared homeless and at-risk housing database system administered by The Salinas/Monterey, San Benito Coalition of Homeless Services Providers and Community Technology Alliance. HMIS operates over the Internet and uses many security protections to ensure confidentiality. Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- Your name and other identifying information **will not** be shared with any agency not participating in the system. (Unless required to do so by law.)
- Your name, gender, social security number and date of birth **may** be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.
- A list of Partner Agencies is available on request.
- Authorizing your information to be entered into the HMIS is voluntary.
- Refusing to do so will not limit your access to shelter or services.

Please initial one of the following levels of consent:

____ (1) I give authorization for my basic and relevant information to be entered into the HMIS and shared between Partner Agencies. I understand that I have the right to receive a copy of all information shared between the Partner Agencies.

____ (2) I give authorization for my basic and relevant information to be entered into the HMIS, but **not** shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request. I understand that this release is valid for three years from the date of my signature below.

Print Name of Client or Guardian _____

Signature of Client or Guardian _____

Date _____

1. First Name _____ Middle _____ Last _____

2. Social Security No. _____

3. Birth Date _____

4. Gender: Male Female Transgender

If Transgender: Female to Male Male to Female

5. Are you of Hispanic or Latino origin? Yes No

6a. What is your Primary race?

- American Indian/Alaskan Native Asian Black/African-American
- Native Hawaiian/Pacific Islander White Don't Know Refused

6b. What is your Secondary race? (optional, answer if you are of mixed race)

- American Indian/Alaskan Native Asian Black/African-American
- Native Hawaiian/Pacific Islander White Don't Know Refused

7. Housing Status: Literally Homeless Housed at Imminent Risk of Losing Housing (High Risk)

Housed and at Risk of Losing Housing Stably Housed Don't Know/Refused

8. Phone/Message Number _____

9. Email Address _____

10. Do you require special accommodations to access the program services? Yes No

11. Current/Last Permanent Address (where you resided for 90 days or more, non-homeless housing)

Address _____

City _____ State _____ Zip _____

When did you leave this address?
(month and year) ____/____

12. Please check what best describes your living situation last night:

- Emergency Shelter Transitional Housing (for homeless) Rental w/housing subsidy
- Psychiatric Facility Substance Abuse Treatment Facility Rental by client, w/VASH Housing Subsidy
- Hospital Safe Haven Rental w/other subsidy
- Jail or Prison Permanent Housing (for formerly homeless) Hotel or Motel
- Car or Other Vehicle Foster Care Home With Family With Friend
- Transportation Site Hospital Owned by Client w/Subsidy
- Outside/Abandoned Building/ Non-Housing (street, park, etc.) Rental House/Apartment (No Subsidy) Other _____
- Don't Know Refused

13. Length of present living conditions:

- One week or Less More than a week but less than a month
- 1 – 3 Months More than 3 months but less than a year More than a year

If less than 30 days, where were you living before?

- Emergency Shelter Other (see item 14 for best description) _____

14. Extent of Homelessness:

- First Time Chronic: 4 times in the past 3 years N/A
- 1-2 Times in the past Long Term: 2 times or more

15. Have you ever served in the US Military? Yes No

16. What is the highest grade you completed in school? _____

17. Did you receive a High School Diploma or GED or neither?

18. Nickname/Alias _____ **19. Maiden/Birth Name:** _____

20. Marital Status: Single Married With Partner Separated Divorced Widowed

21. Are you currently employed? Yes No **If yes, how many hours do you work each week?** _____

Type of Work? Temp Perm Seasonal **Are you actively looking for employment?** Yes No

22. Do you have a disability of long duration? Yes No ***If yes, please specify:** _____

23. Current Gross Monthly Income: \$ _____

24. Monthly Income & Benefits: (Check all that apply and provide amount for self and dependents under the age of 18)
(Check all that apply and provide amount for self and dependents under the age of 18)

- | | | |
|--|--|--|
| \$ _____ <input type="checkbox"/> Wages/ Earned Income | \$ _____ <input type="checkbox"/> Private Disability | \$ _____ <input type="checkbox"/> Supplemental Security Disability Income (SSDI) |
| \$ _____ <input type="checkbox"/> Alimony | \$ _____ <input type="checkbox"/> Social Security | \$ _____ <input type="checkbox"/> Supplemental Security Income (SSI)
For <input type="checkbox"/> Self <input type="checkbox"/> Child |
| \$ _____ <input type="checkbox"/> Child Support | \$ _____ <input type="checkbox"/> State Disability (SDI) | \$ _____ <input type="checkbox"/> Veteran's Disability |
| \$ _____ <input type="checkbox"/> General Assistance | \$ _____ <input type="checkbox"/> TANF/CalWorks | \$ _____ <input type="checkbox"/> Veteran's Pension |
| \$ _____ <input type="checkbox"/> Private Pension | \$ _____ <input type="checkbox"/> Unemployment | \$ _____ <input type="checkbox"/> Worker's Compensation |

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Healthy Kids (SCHIP) | <input type="checkbox"/> TANF/CalWorks Child Care | <input type="checkbox"/> VA Medical Services |
| <input type="checkbox"/> Medicaid/Medi-Cal | <input type="checkbox"/> Section 8 | <input type="checkbox"/> TANF Transportation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> WIC (Supplemental Nutri.) | <input type="checkbox"/> Other CalWorks Services | |

X
*Signature of applicant stating all information in Part Two is true and correct



MOSBE: Salinas, Monterey and San Benito Homeless Management Information System



CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

Shelter Outreach Plus is a Partner Agency in the Homeless Management Information System. HMIS is a shared homeless and housing database system administered by the MOSBE County Continuum of Care. HMIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. HMIS operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- Your name and other identifying information will not be shared with any agency not participating in the system (unless required to do so by law).
- Your name, gender, race, social security number, and date of birth may be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.
- Sensitive information such as diagnosis or treatment of mental health disorders, drug or alcohol disorders, HIV-AIDS, or domestic violence concerns, will not be shared between Partner Agencies without specific written consent.
- A list of Partner Agencies is available upon request.
- Authorizing your information to be entered into HMIS is voluntary.
- Refusing to do so will not limit your access to shelter or services.

Please initial only one (1) of the following levels of consent:

- _____ (1) I give authorization for my basic and relevant information to be entered into HMIS and shared between Partner Agencies. I understand I have the right to receive a copy of all information shared between Partner Agencies.
- _____ (2) I give authorization for my basic and relevant information to be entered into HMIS, but not shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request, but that the cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below.

Print Name of Client or Guardian

Signature of Client or Guardian

Date

Note: A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et seq.

HMIS Privacy Notice:

- We collect personal information directly from you for reasons that are discussed in our Release of Information form
- We may be required to collect some personal information by law or by organization that give us money to operate this program
- Other personal information that we collect is important:
 - To run our programs
 - To improve services for homeless persons
 - To better understand the needs of homeless persons
- We only collect information that we consider to be appropriate
- This information is confidential and used for program evaluation and fundraising purposes only. It will not be used in any discriminatory fashion that will affect your entry into this program
- You may request a copy of our release of information form

2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. **Please check only one box on this page that best applies to your project's outcomes and objectives.**

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Sustainability/Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low-and moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

In addition to advertising that is currently done, our organization will increase advertising in low/moderate income housing areas, provide onsite registration and make information available in both English and Spanish at popular shopping locations.

How will people or conditions in the community change as a result of what you do?

Youth who participate in organized activities are more likely to stay out of trouble and do better in school. The City of Gonzales Youth Sports Program strives to include Character Development in our programs with emphasize core values including, Respect, Compassion, Community Involvement, Responsibility, Anti Bullying, Honesty and Integrity. The controlled environment of organized sports programs helps to keep youth engaged in the community, off the streets and out of gangs. The program will also encourage youth to communicate with their families and share what they have learned in the programs.

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

The impact of the project will be measured by the increase in program participation. Any increase in numbers of program participants will indicate that the decrease in participation fees, are allowing more youth from low/moderate income families to

participate.

3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.
Please refer to the Excel Budget Spreadsheet as provided as Appendix A

4. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

Program Administration: Sara Papineau-Brandt, Recreation Coordinator/Administrative Analyst
Financial Management: Thomas Truszkowski: Planning and Community Development Director
The City of Gonzales has been managing CDBG and HUD funding as a Non entitlement jurisdiction for several decades.

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

Program Administration: Sara Papineau-Brandt, Recreation Coordinator/Administrative Analyst
- Recreation Aids I and Recreation Aids II are responsible for the day to day operations of program supervision and implementation. There are between 4 and 8 Recreation Staff available at any given time based on availability.

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

This project is ongoing but would utilize the benefits of this grant funding cycle beginning on July 1, 2013 and continuing as long as grant funding remains a viable option for funding.

5. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

The Recreation Coordinator, Sara Papineau-Brandt, has been in the recreation business for 20 years. Her experience includes program development and implementation, budget analysis and staff training and supervision. In 2011 the City of Gonzales received a GEELA (Governors Environmental and Economic Leadership Award) award for another program that was developed and implemented by Mrs. Papineau-Brandt and Mrs. Maury Treleven.

6. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners. **N/A**

If you have no collaborative partners, explain how you propose to coordinate your services with other community agencies in order to leverage resources. **At this time there are no other agencies offering similar programming in the City of Gonzales. Staff meets with local groups offering youth programs on a quarterly basis to ensure that we are not duplicating our efforts and to ensure a broad variety of programs for Gonzales youth while maintaining financial responsibility.**

C. HUD REQUIRED BENEFICIARY INFORMATION

1. Income Eligibility – Indicate how your organization verifies income eligibility of clients.

Be sure to provide the documentation indicated for your selection(s)

<p>Area of Benefit. Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. (Refer to Census Block Group data provided with the Application Instruction.)</p> <p style="text-align: right;">Attach a map.*</p>	
<p>Income Certification. Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, attach blank “Intake” form.*</p>	√
<p>Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff.</p> <p style="text-align: center;">If you use this method, please attach worksheet.*</p>	
<p>Presumed Beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS.</p> <p style="text-align: center;">If you use this method, please indicate which group.*</p>	
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc.). Please explain on a separate page.*</p>	

Note: HUD has not yet released new Low Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) requires data collection standards for federal grant recipients as described in the instructions.

PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.

3. Location of Beneficiaries

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served FY 2013-14	Low/Mod Income Beneficiaries Estimated to be Served FY 2013-14
Gonzales	560	420
Del Rey Oaks		
Unincorporated Area		
TOTAL		

D. ORGANIZATIONAL CAPACITY Not Applicable

This section is to be completed by all non-governmental applicants.

HUD Grant Experience for the past **three** years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

Fiscal Year and Audit Reports

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	

Financial Management - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

Organizational Structure

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	
Organization Chart	
List of the Board of Directors	
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c).3)	

Insurance Documentation - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? * Yes or No
 *Generally, a faith-based organization was founded or is inspired by faith or religion.

E. PROJECT BUDGET /LEVERAGING

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and if so, highlight how that would affect the scope of services you are proposing.

The City of Gonzales will be able to maintain the Youth Sports Program with a reduced commitment to funding however the price decrease passed along to program participants through registration fees would be less. It is then safe to conclude that less low/moderate income families would be able to participate based on their families financial status.

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

All other funding for these programs are participant based. 100% of remaining program costs, either with or without the grant are passed on to the program participants. No tax money is used to supplement these programs.

1. Prior and Current Year Project Funding

Submit a **Statement of Activity or Income Statement** for year ending 2012, or fiscal year 2012-13, that shows actual income and expenses for your project; NOT for your entire agency or program. Include detail of revenue sources and amounts received from each source.

The income from the Youth Sports Program, at this time, comes solely from participant fees. 100% of the program costs are collected as fees from participants. At this time our budget system can not extrapolate the specific revenue and expenditures as a line item making it difficult to extrapolate only the information for the specific information requested.

Submit TABLE I - Public Service Project FY 2012-13 Adopted Budget Form to provide details specific to a **related project** from fiscal year 2012-2013 ONLY; NOT the budget for your entire agency or program. A copy of this file is included on page 9 of this application. The **Excel File** is available on the Community Development website.

2. Anticipated Project Funding

Submit TABLE II - Public Service Project FY 2013-14 Proposed Budget Form to provide detail **specific to this project ONLY**; NOT the budget for your entire agency or program. Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included on page 10 of this Application and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the space provided at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

The grant will cover the cost of staff for our Youth Sports Programs which will allow us to cut our registration fees by almost 50%. The remaining amounts will be covered with participant registration fees.

TABLE I - PUBLIC SERVICES PROJECT FY 2012-13 ADOPTED BUDGET

Applicant: _____
 Project: _____

Revenue	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
Total Revenue		\$ -	

Status*:
 C = Committed Funds
 P = Funds that have been applied for and decision is pending
 N = Funds that have not yet been requested

Expenses **

Category	Amount
Wages/Benefits	
Consultant/Contract Fees	
Travel/Mileage	
Rent	
Insurance	
Utilities	
Equipment (Rental, lease, purchase)	
Supplies, printing, postage	
Client Services (describe below)	
Other Expenses (describe below)	
Total Expenses	\$ -

Budget Estimator:

Name: _____

Title: _____

Phone: _____

** If necessary, you may edit the fields to properly reflect your expense categories.

TABLE II - PUBLIC SERVICES PROJECT FY 2013-14 PROPOSED BUDGET

Applicant: _____
 Project: _____

Revenue	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
Total Revenue		\$ -	

Status*:
 C = Committed Funds
 P = Funds that have been applied for and decision is pending
 N = Funds that have not yet been requested

Expenses **

Category	Amount
Wages/Benefits	
Consultant/Contract Fees	
Travel/Mileage	
Rent	
Insurance	
Utilities	
Equipment (Rental/ lease, purchase)	
Supplies, printing, postage	
Client Services (describe below)	
Other Expenses (describe below)	
Total Expenses	\$ -

Budget Estimator:
 Name: _____
 Title: _____
 Phone: _____

** If necessary, you may edit the fields to properly reflect your expense categories.

Briefly describe what this grant will pay for in the text box below:

F. AGENCY CERTIFICATIONS


The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
 - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
 - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
 - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

City of Gonzales		
Name of Agency		
Rene Mendez, City Manager		
Typed Name and Title of Agency Official		
 Agency Official's Signature		1.2.2013 Date of Signature
831-675-5000	rmendez@ci.gonzales.ca.us	
Telephone Number of Agency Official	e-Mail Address of Agency Official	

CDBG PROGRAM
Project Proposal Checklist
Program Year 2013-14

Organization: City of Gonzales

Project: Youth Sports

Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Service Application
A	X	Application – Original and three copies
B	X	Application – in Word format sent on CD to County
C		Statement of Activity or Income Statement for YE 2012 or FY 2012-13
D		Table I – Public Service Adopted Budget for FY 2012-13
E		Table II – Public Service Proposed Budget for FY 2013-14
F	X	Evidence of Insurance Coverage
G	N/A	Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A			Most Recent Audited Financial Statement
B			List of Board of Directors and Affiliations
C			Organizational Chart

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.

City of Gonzales Youth Sports Registration

Soccer
 Volleyball
 Basketball
 Indoor Soccer
 Mini T-Ball

Player Information

Name (First & Last) _____ Date of Birth _____ Age _____ Grade _____ Gender CA M F

Mailing Address _____ City _____ State _____ Zip _____

Lives With _____ Parent / Guardian _____ Primary Phone Number _____ Secondary Phone _____

Lives With _____ Parent / Guardian _____ Primary Phone Number _____ Secondary Phone _____

Emergency Contact (other than listed above) _____ Primary Phone Number _____ Secondary Phone _____ Third Phone _____

To receive info by email please provide address _____ Email _____

Health History

In the event of an emergency, the City of Gonzales requests the following information:

My child has no known health conditions to note

In an emergency please take my child to: SVMH Natividad Mee Memorial

Please mark the following conditions that your child suffers from or has suffered from:

Asthma
 Fainting
 Blood Sugar
 Heart Trouble
 Emotional
 Seizures
 Eyes
 Ears
 ADD/ADHD
 Other (must explain)

Please explain all marked items: _____

Child's Physician _____ Office Phone # _____

Shift Size

Youth XS (4-6) YS (6-8) YM (8-10) YL (10 -12) Adult AS AM AL AXL

Volunteer Interest (Must fill out volunteer interest form)

I am interested in volunteering as a : Head Coach Assistant Coach Umpire/ Referee

Name (First & Last) _____ Email address _____ Day Phone _____ T-shirt Size _____

Requests

Players may request two participants and their coach. Requests are not guaranteed.

Coach Name _____ Reason _____

Player 1 Name _____ Reason _____

Player 2 Name _____ Reason _____

Survey (All information collected will be used for Grant Certification purposes only)

Please indicate if your income is above or below the income level indicated by your family size.

# People in household	2	3	4	5	6	7	8
Below							
INCOME	\$46,650	\$51,350	\$57,050	\$61,650	\$66,200	\$70,750	\$75,350
Above							

Ethnicity of participant Hispanic or Latino Not Hispanic or Latino

Race of Participant American Indian or Alaskan Native Asian Black or African American

Native Hawaiian/Pacific Islander Other _____

Office Use Only

Date Paid _____ GL Receipt # _____ Info _____ Assignment _____

Amount Paid _____ Day M T W TH F _____ Staff _____ Team _____

Parent Code of Conduct

1. I shall not criticize Officials. Many of our officials are young and learning how to officiate much as your children are learning to play. Please be patient and treat them as if they were your own child. It is the coach's job alone to discuss any problems with the officials.
2. I shall not "Grand Stand" the Coach(es). It's very difficult to teach children the game, foster a competitive spirit "and" deal with unruly or demanding parents. Please try to be a cooperative, helpful parent that supports the coach and the team. Also, please refrain from being a "sideline coach".
3. I will set a good example of sportsmanship for the children. Yelling at officials, players on the field or coaches, shows great disrespect for the game and sets a poor standard of sportsmanship. The opponents are necessary friends. Without opponents your child could not play the game. Make sure to applaud good plays your team members and members of the opposing team.
4. I will encourage my kids AND the rest of the kids on the team. Let's pump all these kids up so they'll have the times of their lives out there. Keep the comments positive and the results will be too!
5. I will address any team or player problems quietly and only with the team coach. Arguing or questioning the coach in public is detrimental to getting a successful resolution and sets a bad example for the players.
6. I will make an effort to attend and be on time to all team events. A commitment to the team is important, plus on game days, plenty of time should be allowed for proper warm ups to help avoid dangerous injuries. If you can't make it, please try to arrange for alternate transportation.
7. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
8. I am aware that my coach is also my leader. It is the responsibility of the coaches and the officials to monitor both the players and parents conduct. Any fan who becomes a nuisance, out of control or aggressive may be asked to leave the game and field area.
9. I will always refrain from using abusive or profane language. ABUSIVE OR PROFANE LANGUAGE WILL NOT BE TOLERATED ON THE PLAYING FIELDS OR TOWARD ANY PERSON IN ATTENDANCE.
10. I will remember the officials are in control of the game and I will follow their instructions. If the officials determines that a person is being disruptive to the game, that person will be asked to leave the game immediately. The game will be stopped until the offending person has removed themselves from the playing area.
11. I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:
 - Verbal warning by official, head coach, and/or league commissioner
 - Written warning by official, head coach, and or league commissioner
 - Parental game suspension of 1 - 4 games (with written documentation of incident kept on file)

Waivers

Waiver of Liability: I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a City of Gonzales function. . I hereby indemnify, defend and hold harmless the City, its officers, officials, directors, employees and agents from and against any or all loss, liability, expense, claim, costs (including costs of defense), suits, and damages of every kind, nature and description directly or indirectly arising from participation in city sponsored activities. I certify that I am familiar with the contents of this release, that I have and understand the same, and that it is my intention by signing this release that the same be binding not only to me but my heirs, administrators, executors, successors, and assigns.

Consent to Treat: The information is correct so far as I know, and the person described has my permission to engage in all prescribed activities. In the case of sickness or accident, the City of Gonzales has my authority to secure, at my expense, such medical attention as deemed necessary if unable to communicate with me immediately.

Photo Release: I hereby grant the City of Gonzales full rights to copyright, exhibit and publish in any medium including but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken of me and or my child anyplace programs are held by the City of Gonzales.

Parent/Guardian Signature _____

Date _____

*** I understand that all fees are non-refundable unless my child becomes ill or injured prior to the start of the season. Refunds will only be issued with documentation from a certified physician. In: _____

Sports as per cost without Grant Money or Tax based assistance in deferring the costs

SPORT	Participant Estimate	Mini T	Indoor Soccer	Totals	Co-ed/Adult	Line Item Totals
Soccer	120	100	70	380	1/2 Teams	
Volleyball	50	40				
Basketball						
Referees	\$480.00	\$500	\$320	\$1,300.00		\$1,620
Pictures @ \$2.25 per part	\$270.00	\$112.60	\$225.00	\$855.00		\$1,012.50
Uniform Set @ \$12.00 per part	\$1,440.00		\$840.00	\$2,280.00		\$3,120.00
Shirts @ \$9.45 per part	\$472.50	\$661.50				\$0.00
Shirts @ \$11.00 per part		\$240.00				\$0.00
Hats		\$280.00				\$0.00
Balls @ \$5 per participant	\$600.00			\$600.00		\$600.00
Coaches Shirts	\$240.00	\$200.00	\$140.00	\$760.00		\$760.00
Coaches Thank You	\$120.00	\$40.00	\$120.00	\$400.00		\$400.00
Awards @ \$3.00 per part	\$360.00	\$160.00	\$210.00	\$1,140.00		\$1,140.00
Admin @ \$10 per part	\$1,200.00	\$1,000.00	\$700.00	\$3,800.00		\$5,300.00
Equipment	\$600.00	\$260.00	\$350.00	\$1,800.00		\$2,400.00
Awards (Trophies)						\$0.00
Contingency 5% of total w staff	\$310.00	\$300.00	\$252.25	\$1,066.25		\$0.00
TOTAL COST	\$6,516.00	\$7,018.50	\$5,049.75	\$19,959.00		\$26,680.50
Price per participant	\$54.30	\$70.18	\$72.13	\$52.52		\$340.54
Price per Team						\$340.54

Sports as per cost without Grant Money or Tax based assistance in deferring the costs - Staff Costs

SPORT	Soccer	Volleyball	Basketball	Mini T	Indoor Soccer	Totals	Co-ed Adult	Line Item
Participant Estimate	120	50	100	40	70	380	12 Teams	Totals
Pictures @ \$2.25 per part	\$270.00	\$112.50	\$225.00	\$90.00	\$157.50	\$855.00		\$1,012.50
Uniform Set @ \$12.00 per part	\$1,440.00				\$840.00	\$2,280.00		\$3,120.00
Shirts @ \$9.45 per part	\$472.50	\$661.50						\$0.00
Shirts @ \$11.00 per part			\$440.00					\$0.00
Hats			\$280.00					\$0.00
Balls @ \$5 per participant	\$600.00					\$600.00		\$600.00
Coaches Shirts	\$240.00	\$100.00	\$200.00	\$80.00	\$140.00	\$760.00		\$760.00
Coaches Thank You	\$120.00	\$20.00	\$100.00	\$40.00	\$120.00	\$400.00		\$400.00
Awards @ \$3.00 per part	\$360.00	\$150.00	\$300.00	\$120.00	\$210.00	\$1,140.00		\$1,140.00
Equipment	\$600.00	\$250.00	\$400.00	\$200.00	\$350.00	\$1,800.00	\$600.00	\$2,400.00
Awards (Trophies)								\$0.00
Contingency 5% of total w staff	\$310.00	\$105.00	\$300.00	\$99.00	\$252.25	\$1,066.25	\$194.50	
TOTAL COST	\$3,940.00	\$1,210.00	\$2,186.50	\$1,349.00	\$2,069.75	\$7,835.00	\$794.50	\$9,432.50
Price per participant	\$32.83	\$24.21	\$21.86	\$33.72	\$29.56	\$20.61		
Price per Team							\$340.54	\$340.54

Staff Costs	Soccer	Volleyball	Basketball	Mini T	Indoor Soccer	Totals	Co-ed Adult	Line Item
Staff Game Hours @ \$14.00	\$896.00		\$812.00	\$336.00	\$448.00	\$2,492.00	\$1,792.00	\$4,284.00
Staff Practice Hours @ 14.00	\$480.00		\$2,520.00		\$1,512.00	\$4,532.00		\$6,044.00
Referees			\$500		\$320	\$1,300.00		\$1,620
Admin @ \$10 per part	\$1,200.00	\$500.00	\$1,000.00	\$400.00	\$700.00	\$3,800.00	\$1,500.00	\$5,300.00
TOTAL STAFF COST	\$2,576.00	\$1,000.00	\$4,832.00	\$736.00	\$2,980.00	\$12,124.00	\$3,292.00	\$17,248.00

Sports Costs with Proposed Increases in Participants Without Grant Money to Defray Costs

SPORT	Soccer	Volleyball	Basketball	Mini T	Indoor Soccer	Totals
Participant Estimate	160	100	140	60	100	560
Staff Game Hours @\$14.00	\$1,036.00		\$896.00	\$448.00	\$560.00	\$2,940.00
Staff Practice Hours @14.00	\$1,000.00		\$2,520.00		\$2,520.00	\$6,040.00
Referees	\$600.00		\$700		\$400	\$1,700.00
Pictures @\$2.25 per part	\$360.00	\$225.00	\$315.00	\$135.00	\$225.00	\$1,260.00
Uniform Set @12.00 per part	\$1,920.00				\$1,200.00	\$3,120.00
Shirts @ \$9.45 per part		\$945.00	\$1,323.00			\$2,268.00
Shirts @ \$11.00 per part				\$660.00		\$660.00
Hats				\$420.00		\$420.00
Balls @ \$5 per participant	\$800.00					\$800.00
Coaches Shirts	\$320.00		\$280.00	\$120.00	\$200.00	\$920.00
Coaches Thank You	\$160.00	\$200.00	\$140.00	\$60.00	\$120.00	\$680.00
Awards @\$3.00 per part	\$480.00	\$100.00	\$420.00	\$180.00	\$300.00	\$1,480.00
Admin @\$10 per part	\$1,600.00	\$800.00	\$1,400.00	\$600.00	\$1,000.00	\$4,900.00
Equipment	\$800.00	\$500.00	\$700.00	\$300.00	\$500.00	\$2,800.00
Awards (Trophies)						
Contingency 5% of total w staff	\$403.50	\$171.92	\$331.40	\$146.15	\$319.75	\$1,372.72
TOTAL COST	\$8,479.50	\$3,741.92	\$9,025.40	\$3,069.15	\$7,344.75	\$31,920.72
Price per participant	\$52.99	\$34.41	\$64.46	\$51.15	\$76.00	\$55.26

Without Staff Costs which would be covered with Grant Money

SPORT	Soccer	Volleyball	Basketball	Mini T	Indoor Soccer	Totals
Participant Estimate	160	100	140	60	100	560
Pictures @\$2.25 per part	\$360.00	\$225.00	\$315.00	\$135.00	\$225.00	\$1,260.00
Uniform Set @12.00 per part	\$1,920.00				\$1,200.00	\$3,120.00
Shirts @ \$9.45 per part	\$975.00		\$13.23			\$958.23
Shirts @ \$11.00 per part				\$660.00		\$660.00
Hats				\$420.00		\$420.00
Balls @ \$5 per participant	\$800.00					\$800.00
Coaches Shirts	\$320.00	\$200.00	\$280.00	\$120.00	\$200.00	\$1,120.00
Coaches Thank You	\$160.00	\$100.00	\$140.00	\$60.00	\$120.00	\$580.00
Awards @\$3.00 per part	\$480.00	\$300.00	\$420.00	\$180.00	\$300.00	\$1,680.00
Equipment	\$800.00	\$500.00	\$700.00	\$300.00	\$500.00	\$2,800.00
Awards (Trophies)						
Contingency 5% of total w staff	\$403.50	\$171.92	\$331.40	\$146.15	\$319.75	\$1,372.72
TOTAL COST	\$5,243.50	\$2,741.92	\$2,199.63	\$2,021.15	\$2,864.75	\$15,330.95
Price per participant	\$32.77	\$24.41	\$15.71	\$33.68	\$28.64	\$27.37

Staff Costs Pulled Out (covered by grant money)

Staff Game Hours @\$14.00	\$1,036.00		\$896.00	\$448.00	\$560.00	\$2,940.00
Staff Practice Hours @14.00	\$800.00		\$2,520.00		\$2,520.00	\$5,840.00
Referees	\$600.00		\$700		\$400	\$1,700.00
Admin @\$10 per part	\$1,600.00	\$800.00	\$1,400.00	\$600.00	\$1,000.00	\$5,400.00
TOTAL STAFF COSTS	\$3,236.00	1600	\$5,516.00	\$1,048.00	\$4,480.00	\$15,880.00

**COUNTY OF MONTEREY ENTITLEMENT AREA
FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

PUBLIC SERVICE PROJECT PROPOSAL

**CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC SERVICE PROPOSAL
INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.**

A. APPLICANT INFORMATION

1. Legal Name of Organization: **Housing Resource Center of Monterey County**
2. Mailing Address: **P.O. Box 1307**
City: **Salinas, CA** Zip: **93902**
3. Executive Director Name & Title: **Leila Emadin, Executive Director**
4. Organization's Website Address: **www.hrcmc.org**
5. Organization's **DUNS #:** **621459010** and Tax Payer ID #: **20-0125143**
6. Contact Person Name & Title for **Project** Questions: **Leila Emadin, Executive Director**
 - a. Phone: **831-424-9186** FAX: **831-757-1349**
 - b. E-mail Address: **ED@hrcmc.org**
7. Contact Person Name & Title for **Financial** Questions: **Jennifer Rego, Finance Manager**
 - a. Phone: **831-424-9186 ext. 31** FAX: **831-757-1349**
 - b. E-mail Address: **FinanceMngr@hrcmc.org**
8. Type of Public Service Project: (1) Financial Literacy Workshops; (2) Financial Literacy Counseling; (3) Homeless Prevention and Emergency Rental Assistance. All programs are needs-based, and serve the population in need, regardless of age; disability; or other status.
9. Number of Low/Mod Beneficiaries in the Entitlement Area to be Served: **212**
Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = \$ **326.52**
10. Title of Proposed Project: **Housing Resource Center Housing Affordability Project**
 - a. Address/Service Area of Project: **Gonzales, Del Rey Oaks, unincorporated Monterey County**
 - b. Amount Requested for this Project: **\$ 69,222.44**
 - c. Amount of Leveraged Funds Available for this Project: **\$ 579,360.00**

d. Total Project Cost (all sources): \$ 648,582.44

Note: The amounts for b, c, and d should equal the amounts in Section E. Project Budget/Leveraging.

B. PROJECT INFORMATION

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but the complete response for Section B, Questions 1 – 6, is not to exceed three pages.

1. NEED

Indicate the applicable CDBG program national objective that your project activity addresses.

Enter 1, 2, or 3 here: 1

1. Benefit extremely low-, very low- and low/moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?
 Help those with HIV or AIDS?

Help the homeless?
 Help the disabled?

In 500 words or less, provide a concise description of the proposed project. Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

The Housing Resource Center (HRC) proposes to address the housing needs of low, very-low and moderate income persons in Del Rey Oaks, Gonzales, and unincorporated areas of Monterey County by providing **Fair Housing and Financial Literacy Workshops and Counseling**; and **Short-term Emergency Homeless Prevention**.

Affordable housing is the basis of economic, family, community, and County stability. HRC services are need-based: serving households whose income is at or below 50% (very low) or 30% (extremely low) of the Area Median Income (AMI). Of the strategies identified in a recent Annie E. Casey Foundation report as "critical for moving low-income families onto the path of sustainability and prosperity," HRC is the only non-profit agency in Monterey County promoting savings and asset protection and helping families gain financial knowledge skills.

Housing insecurity caused by homelessness or even the risk of homelessness is "associated with poor health, lower weight, and developmental risk among young children...Policies that decrease housing insecurity can promote the health of young children and should be a priority." (Am J Public Health. 2011;101:1508–1514. doi:10.2105/AJPH.2011.300139). Almost half of the clients served by HRC are children under the age of 18.

Monterey County is one of the least affordable housing markets in the United States. Approximately 75% of all renters in the unincorporated areas with annual incomes of \$19,999 spend 35–40% for housing. Low- and very-low income households have an even higher incidence of over-paying than do median and above median income renter households. The problem becomes even greater when overcrowding—particularly in the winter—is taken into consideration. The overcrowding that occurs in

Monterey County is among the highest in California. Vacancy rates for rental housing are low, and few new units are being constructed. Housing for special needs populations continues to be in short supply. Overall demand for rentals has increased due to the influx of new renters into the market post-foreclosure.

The January 2011 homeless census shows a rise in the number of homeless, 43% of whom responded that they were homeless for the first time.

A September 2011 study found that "one in three Americans would be unable to make their rent or mortgage payment beyond one month if they lost their job." <http://www.dsnews.com/articles/job-loss-could-put-one-in-three-homeowners-out-of-their-home-2011-09-30>. County unemployment fluctuates between 12.5% and 17.5% (Federal Reserve Bank of St. Louis, Economic Research, June 2011) significantly higher than the 9.4% national unemployment rate. Among applicants to the HRC rental assistance programs in 2011-2012, the primary event that led to homelessness or being at risk of homelessness was the loss of sufficient employment due to the economic recession.

The County of Monterey (52.1%) and the City of Salinas (70.0%) have very high percentages of the population that speak a language other than English at home, especially when compared to the U.S. average of 19.4%. And the County suffers from lower than national average education levels: the national average of adults over age 25 with a high school degree or better is 84.2%. In Monterey County it is only 71.2%. (<http://factfinder.census.gov>).

2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. **Please check only one box on this page that best applies to your project's outcomes and objectives.**

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to extremely low-, very low- and low/moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of extremely low-, very low- and low/moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Sustainability/Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally extremely low-, very low- and low/moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

This is not a new project, however we have had:

- no funding for financial literacy workshops for over five years;
- most funding for financial literacy counseling ran out in December 2011;
- emergency rental assistance and homeless prevention has been cut by 95%

How will people or conditions in the community change as a result of what you do?

Financial literacy, in particular, "promoting savings and asset protection and helping families gain financial knowledge skills" is one of the six strategies identified in a recent Anne E. Casey Foundation report as critical for moving low-income families onto the path of sustainability and prosperity. The Housing Resource Center is the only non-profit agency in Monterey County providing intensive financial literacy education, including budgeting, savings, credit, banking, and money management, as an integral part of all our housing assistance and education programs.

Emergency rental assistance provides short-term intervention and housing; Financial literacy education and counseling teaches lifelong skills for long-term financial stability, sustainability, and independence.

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

	<u>Impact Measured by:</u>
Financial Literacy Workshops:	improved scores from pre-and post tests
Financial Literacy Counseling:	improved income and reduced expenses
Emergency Homeless Prevention:	attain and retain affordable housing for 3 months post assistance

3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result. By leveraging HRC's extensive experience, network of support services with other service agencies, and funding from both private and public sources, we will be able to take the \$\$ 69,222.44 from this CDBG and accomplish a significantly larger financial impact on our target population.

Specifically, with new opportunities (such as the new Attorney General grant collaborative; and the Supportive Services for Veteran's Families Grant) as well as existing/renewing grants, and local support (including from faith-based organizations) we will be accomplishing exponentially more good than the approximately \$326.52 provided by this grant alone. However, without this grant, certain services, like the Financial Literacy Workshops, would NOT be able to be provided to these target geographic locations; and the amount of Emergency Rental Assistance available for households in these locations would be reduced by the amount of the grant amount.

4. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

Leila Emadin, Executive Director.....	2 years
Jennifer Rego, Financial Manager.....	1.5 years
Socorro Bernal, Lead Counselor.....	6+ years
Monica Jimenez, Financial Counselor, Program Manager.....	3+ years

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

Current:
Dina Urquizo, Housing Counselor
Juanita Ruvalcaba, Case Manager
Carol Cervantes, Case Manager
Rosie Alvarez, Program Assistant

Pending this award
.30 FTE Outreach Coordinator
.25 FTE Grants Manager

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

HRC is ready to implement immediately. We are not currently providing Financial Literacy Workshops,

except internally to staff and Board of Directors; but have done so in the past and are able to update and implement very quickly. Financial Literacy Counseling is an integral part of all HRC programs. Emergency rental assistance/homeless prevention is provided accordingly to the funds available: we currently have approximately \$20,000 in Emergency Food and Shelter Funds, and \$8,000 in privately raised donations available.

5. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

The Housing Resource Center (HRC) provides a continuum of homeless prevention and home ownership counseling, education, assistance and supportive services. HRC was formed in 2009 by the merger of two local housing organizations. The merger created a strong, unified organization which provides homeless prevention, tenant and landlord counseling, financial literacy education, security deposit guarantees, and rental assistance for very-low income households; and home ownership counseling and education for low- and moderate-income households. HRC is the only HUD- approved housing counseling agency and Local Housing Counseling Agency (LHAC) in Monterey, San Benito, and Santa Cruz counties. HRC addresses the basic need for shelter and is the only non-profit agency providing the majority of these services. HRC serves mainly very low- to moderate-income households, with a special emphasis on limited-English proficiency and under-served populations, including the rural communities in the County. These communities have populations which are predominantly Hispanic, have limited access to transportation, and have a high percentage of low- and very low-income residents.

Since 1984, HRC has also housed over 29,000 homeless individuals, including:

- over \$634,000 in security deposit guarantees for over 2,000 households;
- over \$3.9 million dollars of rental assistance to over 5,500 households;
- financial literacy and tenant education to over 23,000 individuals.

Since 2002 HRC has assisted over 3,250 households with homeowner counseling and education:

- first-time homebuyer education to over 2,200 households, including:
- pre-purchase homebuyer counseling to over 2,100 households;
- foreclosure prevention workshops for over 750 households;
- foreclosure prevention counseling to over 1,300 households;
- assisting over 300 households in purchasing their first home.

The HRC office in Salinas is open M-F from 8:00–5:00 pm and scheduled evening and weekends to increase accessibility. A satellite office was established at the Monterey County Association of Realtors in Del Rey Oaks in 2012, and is open Mondays from 9:00—5:00 pm. HRC also provides staff training for other service agencies. HRC continues to expand the number and scope of the services provided, responding to community need. HRC is the only agency in Monterey County providing the entire range of homeless prevention, housing counseling, and financial literacy services, and the sole provider of home ownership services of any kind. Among applicants to HRC programs in 2012, the primary event that led to need was the loss of sufficient employment due to the economic recession. Over 70% of all HRC clients are Hispanic. Almost half of the homeless prevention clients served by HRC are children under the age of 18. Of the six strategies identified in a recent Annie E. Casey Foundation report as "critical for moving low-income families onto the path of sustainability and prosperity," the Housing Resource Center is the only non-profit agency in Monterey County promoting foreclosure prevention and remediation efforts; and promoting savings and asset protection and helping families gain financial knowledge skills. HRC helps.

6. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

HRC collaborates with a wide range of other service and professional agencies in the County, including the Coalition of Homeless Services Providers; the Monterey County Association of Realtors; the Department of Social and Employment Services; Shelter Outreach Plus; the Franciscan Workers/Dorothy's Place; the Monterey County Attorney General; Congressman Sam Farr' Representative Bill Monning; the Monterey County Bar Association; the 10-Year Plan to End Homelessness Leadership Council and Committees; the Monterey County Housing Authority; the Monterey County United Way; the Community Foundation of Monterey County; the Monterey Peninsula Foundation; the One-Stop Career Center; The Veteran's Transition Center; the Salvation Army; Catholic Charities; the Veteran's Rehabilitation Services, Inc.; and others.

If you have no collaborative partners, explain how you propose to coordinate your services with other community agencies in order to leverage resources.

C. HUD REQUIRED BENEFICIARY INFORMATION

1. Income Eligibility – Indicate how your organization verifies income eligibility of clients.

Be sure to provide the documentation indicated for your selection(s)

<p>Area of Benefit. Project service area has been identified and determined to be statistically low/mod-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low/mod-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <u>Attach a map.*</u></p>	
<p>Income Certification. Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, <u>attach blank “intake” form.</u> * See complete intake package, attached.</p>	
<p>Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. All applicants are evaluated on a needs-based, income verification using pay stubs and all income and expense receipts. Please see complete client intake packet attached.</p>	X
<p>Presumed Beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <u>If you use this method, please indicate which group.*</u></p>	
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc.). See attached forms, including barriers, budget, client contract, etc. <u>Please explain on a separate page.*</u></p>	

Note: HUD has not yet released new Low/Mod Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. Race and Ethnicity – The Federal Office of Management and Budget (OMB) requires data collection standards for federal grant recipients as described in the instructions.

PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.

*Please see complete 22-page current client intake package ATTACHED. Changes/updates will be made as necessary, based on grant guidelines.

3. Location of Beneficiaries

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served FY 2013-14	Low/Mod Income Beneficiaries Estimated to be Served FY 2013-14
Gonzales	72 P	60 P
Del Rey Oaks	65 P	45 P
Unincorporated Area	75 P	65 P
TOTAL		

Service goals based on historical data and census data for target areas. However, homelessness (or the threat of homelessness, i.e. eviction) often precipitates a household move—usually to an area that is more affordable; to a family member or friend's house for temporary living; or to an area closer to potential employment. This may affect the final distribution.

D. ORGANIZATIONAL CAPACITY

This section is to be completed by all non-governmental applicants.

HUD Grant Experience for the past three years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount
HUD Comprehensive Housing Counseling	Housing Counseling and Education, including: Default and Delinquency Counseling; Credit Counseling; Debt Repair; Foreclosure Prevention; Rental Counseling; Fair Housing; etc.	FY 2010 FY 2011 FY 2012	30,488 37,262 37,000
HUD MMMSA	Mortgage Scams; Foreclosure Prevention: etc.	FY 2011-2012	16,500
HUD HPRP Salinas	Emergency Homeless Prevention and Rapid Re-Housing	2009-2012	988,629
HUD HPRP Monterey County	Emergency Homeless Prevention and Rapid Re-Housing	2009-2012	1,263,444

Fiscal Year and Audit Reports

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	calendar
Date of your organization's most recently completed audit. (Month/Year)	August 2012
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	Jan-Dec 2011
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	no

Financial Management - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

Organizational Structure

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	✓
Organization Chart	✓
List of the Board of Directors	✓

Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c).3)	✓
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Insurance Documentation - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application.** If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? * Yes or No

*Generally, a faith-based organization was founded or is inspired by faith or religion.

E. PROJECT BUDGET /LEVERAGING

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. **Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and if so, highlight how that would affect the scope of services you are proposing.**

A reduced funding commitment would mean reductions in the number of workshops; one-on-one counseling sessions; and the dollar amount of emergency rental assistance provided.

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

1. Prior and Current Year Project Funding

Submit a **Statement of Activity or Income Statement** for year ending 2012, or fiscal year 2012-13, that shows actual income and expenses for your project; NOT for your entire agency or program. Include detail of revenue sources and amounts received from each source.

Submit TABLE I - Public Service Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire agency or program. A copy of this file is included on page 9 of this application. The **Excel File** is available on the Community Development website.

2. Anticipated Project Funding

Submit TABLE II - Public Service Project FY 2013-14 Proposed Budget Form to provide detail **specific to this project ONLY**; NOT the budget for your entire agency or program. Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included on page 10 of this Application and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the space provided at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

TABLE I - PUBLIC SERVICES PROJECT FY 2012-13 ADOPTED BUDGET

Applicant: Housing Resource Center of Monterey County
Project: Monterey County Public Service Project (CDBG)

Revenue

	(Specify Source)	Amount	Status*
Source 1:	EFS Phase 30	\$ 20,860.00	C
Source 2:	Yellow Brick Road	\$ 3,000.00	C
Source 3:	Yellow Brick Road	\$ 3,000.00	N
Source 4:	Inter-Faith Outreach	\$ 5,000.00	C
Source 5:	Inter-Faith Outreach	\$ 5,000.00	N
Source 6:	Supportive Services for Veteran Families	\$ 487,500.00	N
Source 7:	Attorney General	\$ 50,000.00	N
Source 8:	Bank of America	\$ 5,000.00	C
Total Revenue		\$ 579,360.00	

Status*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

Expenses **

Category	Amount
Financial Literacy Workshops	\$ 4,466.00
Mileage for Financial Literacy Workshops	\$ 160.00
Financial Literacy Credit Reports	\$ 1,440.00
Financial Literacy Material Fee	\$ 1,440.00
Financial Literacy Counseling	\$ 21,924.00
Financial Literacy Counseling Credit Reports	\$ 1,440.00
Financial Literacy Counseling Material Fee	\$ 1,440.00
Emergency Homeless Prevention	\$ 450,500.00
Homeless Prevention Program Salaries/Benefits	\$ 90,545.00
Homeless Prevention Expenses	\$ 27,731.00
Total Expenses	\$ 601,086.00

** If necessary, you may edit the fields to properly reflect your expense categories.

TABLE II - PUBLIC SERVICES PROJECT FY 2013-14 PROPOSED BUDGET

Applicant: Housing Resource Center of Monterey County
Project: Monterey County Public Service Project (CDBG)

Revenue

	(Specify Source)	Amount	Status*
Source 1:	EFS Phase 30	\$ 20,860.00	C
Source 2:	Yellow Brick Road	\$ 3,000.00	C
Source 3:	Yellow Brick Road	\$ 3,000.00	N
Source 4:	Inter-Faith Outreach	\$ 5,000.00	C
Source 5:	Inter-Faith Outreach	\$ 5,000.00	N
Source 6:	Supportive Services for Veteran Families	\$ 487,500.00	N
Source 7:	Attorney General	\$ 50,000.00	N
Source 8:	Bank of America	\$ 5,000.00	C
Total Revenue		\$ 579,360.00	

Status*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

Expenses **

Category	Amount
Financial Literacy Workshops	\$ 2,233.00
Mileage for Financial Literacy Workshops	\$ 79.67
Financial Literacy Credit Reports	\$ 720.00
Financial Literacy Material Fee	\$ 720.00
Financial Literacy Counseling	\$ 7,308.02
Financial Literacy Counseling Credit Reports	\$ 720.00
Financial Literacy Counseling Material Fee	\$ 720.00
Emergency Homeless Prevention	\$ 48,000.00
Homeless Prevention Program Wages/Benefits	\$ 7,628.42
Homeless Prevention Administration Wages/Benefits	\$ 1,093.33
Total Expenses	\$ 69,222.44

Budget Estimator:

Name: Jennifer Rego
 Title: Finance Manager
 Phone: (831) 424-9186 x 31

** If necessary, you may edit the fields to properly reflect your expense categories.

Briefly describe what this grant will pay for in the text box below:

Financial Literacy Workshops, Mileage for Financial Literacy Workshops, Financial Literacy Credit Reports, Financial Literacy Material Fee, Financial Literacy Counseling, Financial Literacy Counseling Credit Reports, Financial Literacy Counseling Material Fee, Emergency Homeless Prevention, Homeless Prevention Program Wages and Benefits, and Homeless Prevention Administration Wages and Benefits.

F. AGENCY CERTIFICATIONS

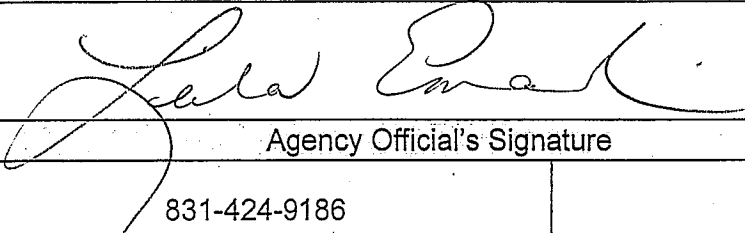
The following certification **must** be completed and signed by an authorized agency representative to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
 - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
 - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
 - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Housing Resource Center of Monterey County	
Name of Agency	
Leila Emadin, Executive Director	
Typed Name and Title of Agency Official	
	1. 2. 2013
Agency Official's Signature	Date of Signature
831-424-9186	.ED@hrcmc.org
Telephone Number of Agency Official	e-Mail Address of Agency Official

**CDBG PROGRAM
Project Proposal Checklist
Program Year 2013-14**

Organization: Housing Resource Center of Monterey County Project: CDBG

Items to include for this application:

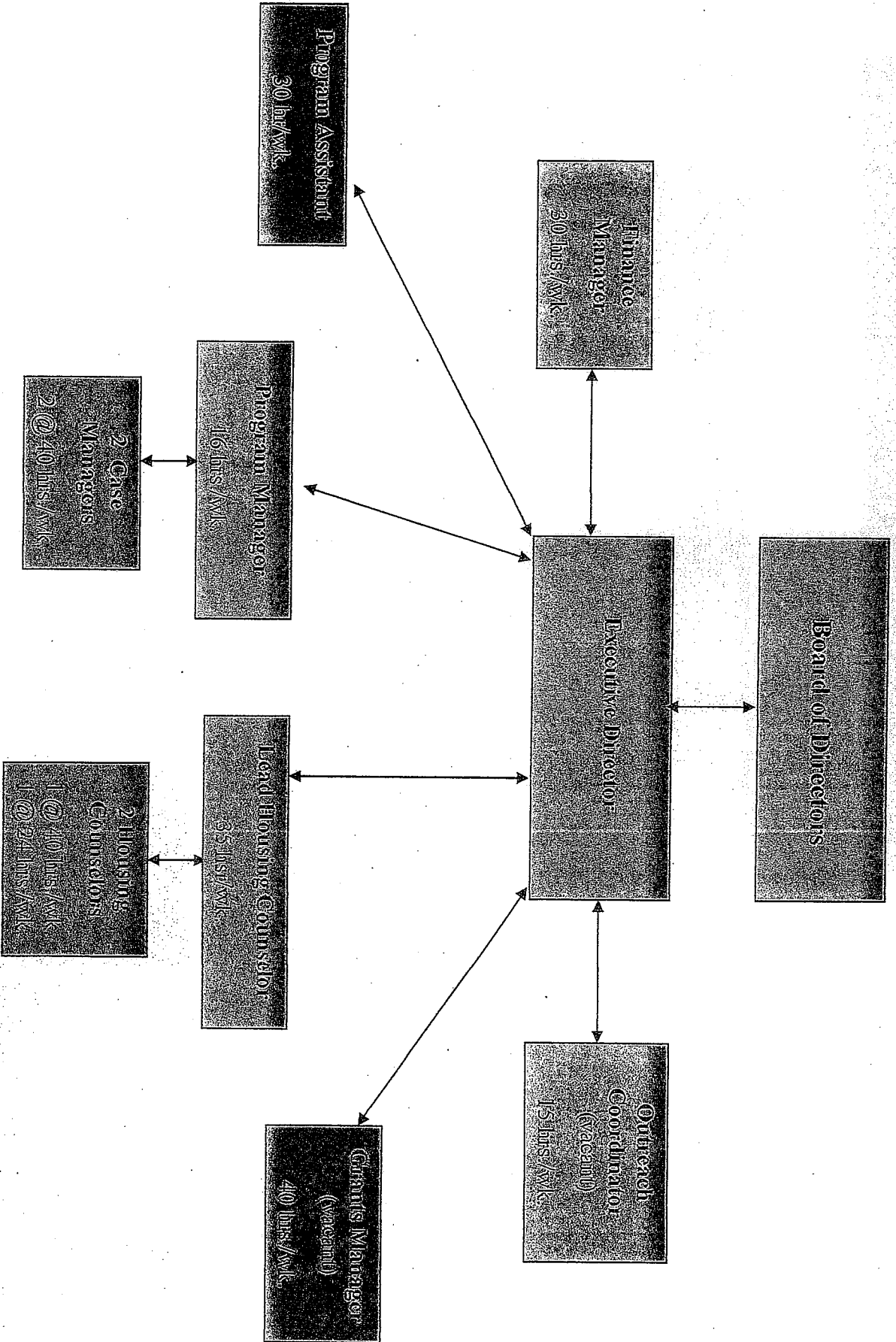
	Check if Included	Application Information / Documentation CDBG Public Service Application
A	x	Application – Original and three copies
B	x	Application – in Word format sent on CD to County
C	x	Statement of Activity or Income Statement for YE 2012 or FY 2012-13
D	x	Table I – Public Service Adopted Budget for FY 2012-13
E	x	Table II – Public Service Proposed Budget for FY 2013-14
F	x	Evidence of Insurance Coverage
G	x	Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A	x		Most Recent Audited Financial Statement
B	x		List of Board of Directors and Affiliations
C	x		Organizational Chart

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.

Housing Resource Center of Monterey County Organizational Chart



COUNTY OF MONTEREY ENTITLEMENT AREA
FY. 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

PUBLIC SERVICE PROJECT PROPOSAL

CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC SERVICE PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.

A. APPLICANT INFORMATION

1. Legal Name of Organization: Catholic Charities Diocese of Monterey
2. Mailing Address: 922 Hilby Av.
City: Seaside Zip: 93955
3. Executive Director Name & Title: Terrie Iacino, Executive Director
4. Organization's Website Address: <http://catholiccharitiescentralcoast.org/>
5. Organization's **DUNS #**: **867378770** and **Tax Payer ID #**: 77-0042961
6. Contact Person Name & Title for **Project** Questions: Angela Di Novella, Director of Family Supportive Services
 - a. Phone: 831-3933110 ext 201 FAX: 831-3933115
 - b. E-mail Address: adinovella@dioceseofmonterey.org
7. Contact Person Name & Title for **Financial** Questions: Thomas Riordan, CFO Diocese of Monterey
 - a. Phone: 831-3734345 FAX: 831-3731175
 - b. E-mail Address: triordan@dioceseofmonterey.org
8. Type of Public Service Project: Youth Homeless Senior or Families Other (Please specify)
9. Number of Low/Mod Beneficiaries in the Entitlement Area to be Served: 20 families
Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = \$ 2,652.65 p/family
10. Title of Proposed Project: Families Ahead/ Familias Adelante
 - a. Address/Service Area of Project: Monterey County, focusing on unincorporated areas, Gozalez and Del Rey Oaks
 - b. Amount Requested for this Project: \$ 53,053

c. Amount of Leveraged Funds Available for this Project: \$ \$70,117

d. Total Project Cost (all sources): \$123,175

Note: The amounts for b, c, and d should equal the amounts in Section E. Project Budget/Leveraging.

B. PROJECT INFORMATION

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

1. NEED

Indicate the applicable CDBG program national objective that your project activity addresses.

Enter 1, 2, or 3 here: 1

1. Benefit extremely low-, very low- and low/moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?
 Help those with HIV or AIDS?

Help the homeless?
 Help the disabled?

In 500 words or less, provide a concise description of the proposed project. Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rey Oaks, Gonzales, or the unincorporated County areas.

The Agency is requesting \$53,053 to expand and improve services to low income families in Monterey County, focusing in families living in unincorporated areas, Gonzalez, and Del Rey Oaks. The funding requested will be used to provide wrap around services to low income families who are at the verge of becoming homeless due to complex family dynamics. The services provided will be geared towards increasing housing stability by increasing their self-sufficiency index and ultimately strengthening communities by supporting sustainable changes in the household.

Every year, in the four counties served, Catholic Charities Diocese of Monterey, through its three core programs Family Supportive Services, Mental Health, and Immigration, responds to more than 20,000 individuals and families. More specifically, in Monterey County, each month the agency receives more than 200 requests for services related to housing stability. Approximately 70% of the requests are associated with rental or move-in assistance, 20% with utility assistance, and 10% are miscellaneous. The majority of these requests come from families and individuals at the verge of homelessness due to a crisis triggered by one or more factors, such as: illness, job loss, death in the family, seasonal job, divorce, etc.

The core of clients requesting services come from North Monterey County, 40% come from the Salinas area, 17% from Seaside, and 10% from Marina. The Agency also receives requests from Pajaro, Las Lomas, Aromas, Greenfield, Soledad, Gonzales, Del Rey Oaks, Castroville, Pacific Grove, Carmel, Monterey, King City, and Carmel Valley. However, given that some of these locations are too remote from our current offices and clients lack of transportation, the Agency struggles with the delivery of services. It is also important to mention that the requests for services come from 76% of females, the income level of 91% of our clients is at very low income or poverty level (\$21,020 for household of

four), 83% are Hispanic, and 40% of our clients have a disability.

The Agency responds to these requests with a one-time partial aide for rental and utility assistance, as well as referrals to both in-house and community-based services to further tighten the safety net of clients; increasing access to social, education, housing, and employment programs that will provide long term socio-economic sustainability. However, the Agency has identified a need for in-depth, long term wrap around services for families in crisis with complex issues –beyond inadequate or insufficient income.

Therefore, the goal of this project is to expand the Agency's services and provide in-depth assistance through a case management program for low income families with complex issues. For this project, the Agency will provide an in-depth needs assessment and facilitation of family's short term goals geared towards financial stability. The services provided will include: a) assistance with navigation and application for services needed; b) short term family counseling; c) three months of partial financial aide for rent; and d) financial literacy. The Agency will provide such services through focused collaboration of agency core programs Family Supportive Services, Mental Health, and Immigration, as well as with other community-based services.

PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Outcomes are **results** that are achieved through your project activities, not the activities themselves. **Please check only one box on this page that best applies to your project's outcomes and objectives.**

Outcome 1. Availability/Accessibility

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to extremely low-, very low- and low/moderate-income people, including persons with disabilities.

Objective:

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

Outcome 2. Affordability

This outcome applies to proposals which provide affordability in a variety of ways in the lives of extremely low-, very low- and low/moderate-income people.

Objective:

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

Outcome 3. Sustainability/Promoting Livable or Viable Communities

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally extremely low-, very low- and low/moderate-income people or by removing or eliminating slums or blighted areas.

Objective:

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

This is an expansion of current services provided by Catholic Charities Diocese of Monterey. In order to reach out to beneficiaries in remote areas the agency will partner with school family resource centers, local community based organizations, and parishes.

How will people or conditions in the community change as a result of what you do?

Families participating in the case management program and receiving in-depth wrap around services will increase their self-sufficiency and achieve long term housing stability.

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

In order to measure the impact of this project, the Agency will use a self-sufficiency scale (see attachment 1). The program will use this self-reported scale to measure pre and post services, the five areas of self-sufficiency: housing, food, education, health, and income. The Agency expects that the families participating in this program will increase their index in at least 3 areas.

2. - COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

The budget proposed in this project is aimed at maintaining families housed and prevent homelessness. Through a follow up survey with current clients made at 3, 6, and 9 months months after receiving services, the Agency found that families on the verge of homelessness triggered by one or more factors mentioned above were able to have short term housing stability after receiving a partial aide for their rent.

On average, partial assistance of \$300 for rent would maintain a family in crisis housed for 3-5 months. The agency anticipates that in-depth, wrap around services, in conjunction with a partial assistance of \$300 for three months would help stabilize vulnerable families for at least 9-12 months. Not to mention the effects of wrap around services in the prevention and/or positive coping in the event of a future crisis.

3. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

The persons responsible for the overall program administration and financial management are the Executive Director, the Controller, and the Director of Family Supportive Services.

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

Another in-staff person involved in the delivery of services is the Director of Mental Health Services who will supervise the delivery of counseling services to families. A program coordinator and case managers will be involved as well, pending the award of this grant.

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

The agency will start this project as soon as the grant is awarded. The agency will hire and train the new program coordinator during the first 3 months of the project. During this time the project coordinator will continue developing the relationships with local organizations and parishes, in order to secure sites for delivering of services, coordinating outreach activities, and building a steady source of referrals.

The identification of families and delivering of services will be carried out during the remaining 9 months of the Fiscal Year. The agency anticipates that each family will stay in the program for at least 3 months.

Given that the case managers will be Master students in Social Work, the students will be recruited and trained 6 months prior to the beginning of the project. The case manager positions will be ongoing in nature.

4. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

Catholic Charities Diocese of Monterey has a history of direct services and continuity of effective impact in the local community. For 28 years, the Agency has offered services to qualified residents of Monterey, Santa Cruz, San Benito and San Luis Obispo County, regardless of any individual's religious beliefs. Each year more than 20,000 individuals of different background and beliefs reach out to our agency for assistance. More specifically, in the last six months the three agency programs combined: Family Supportive Services, Immigration, and Mental Health provided more than 1,100 people with direct assistance.

The Agency has three core programs: Family Supportive Services, Mental Health, and Immigration and Citizenship Services, all working in cooperation through an internal referral system to provide comprehensive services to our clients.

Family Supportive Services (FSS) assists families with readjustment onto the path of financial stability and self-sufficiency through direct assistance and through focused collaboration with other community-based organizations. For many families facing economic crisis, Family Supportive Services provides the first step toward stabilization, so families at the very bottom rung of the ladder can be better positioned to climb up and out of poverty.

Since 1984 Catholic Charities Diocese of Monterey has received Federal funding through the Emergency Food and Shelter Program awarded by each local United Way, and which has been managed by the Family Supportive Services (FSS) program. FSS helps families to become financially stable and prevents eviction and homelessness by providing direct financial aid for rent, move-in, and

utility preservation. Furthermore, through a State contract FSS provides access to food through the CalFresh program, assisting with the application process for qualified low-income residents of the four-county Diocese. During the Fiscal Year 2012-13 FSS has also expanded its services to provide Nutrition Education and Obesity Prevention through also a State contract and has also expanded its outreach efforts through private foundation grants.

The Mental Health Program (MH) assists clients to achieve a higher standard of self-sufficiency by easing the clinical barriers and life skills that impede them from fully and independently functioning in their communities. The MH Program offers clinical counseling support to a critical mass of individuals, couples, and families who fall into a gap of services due to lack of insurance. Counseling services are provided on a sliding scale fee for extended bereavement counseling, pre-marital counseling and services to youth. Our clinical services take into account the whole person, integrating the biological, psychosocial, emotional, cultural, and spiritual needs of those we serve. The Mental Health Counseling Program also administers the agency tattoo removal program. This program removes gang-related and other anti-social tattoos by laser surgery, erasing the stigma of marks that advertise many types of gang membership. Once their tattoos are removed, ex-gang members increase their likelihood to be employed and to move towards stability.

Catholic Charities' Immigration and Citizenship Services (ICS) Program offers an array of services that further stabilize our clients and move them along in the path of self-sufficiency as lawful members of our community. ICS provides assistance and guidance for those who struggle in achieving lawful permanent residence status and those who wish to become citizens of our nation. The program offers consultations, replacement of legal permanent cards, work authorization renewal, applications for U.S. citizenship, and educational workshops about the immigration process and attaining naturalized citizenship. Furthermore, ICS provides services to victims of domestic abuse and other crimes, and to those struggling to find a way to reunite their families. The Immigration and Citizenship Program staff are a significant resource in our community, known for their experience, expertise, and compassion in educating clients about the requirements and processes to become legal residents and/or citizens. It is also important to mention that ICS is accredited by the Board of Immigration Appeals, which is the highest administrative body responsible for recognizing and accrediting organizations that practice before the immigration courts.

5. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

Catholic Charities Diocese of Monterey has established working partnerships with local agencies and parishes to further develop a tighter safety net in our community. The Agency has a long history of successful collaborations with agencies such as: Salvation Army, Housing Resource Center, Monterey Food Bank, Monterey County Department of Social and Employment Services, Bay Federal Credit Union, Pajaro Valley Unified School District (Healthy Start Family Resource Centers and Migrant Education Department), Central Coast Citizenship Project, California Rural Legal Advocacy, and Monterey YWCA among many others.

In order to leverage resources, coordinate services, and avoid duplication of services, the Agency will develop and coordinate team meetings with representative of agencies mentioned above. The agencies will refer families to the Families Ahead/Familias Adelante program, assist in the delivery of wrap around services, and if needed provide a space for delivery of services.

If you have no collaborative partners, explain how you propose to coordinate your services with other community agencies in order to leverage resources.

C. HUD REQUIRED BENEFICIARY INFORMATION

1. **Income Eligibility** – Indicate how your organization verifies **income eligibility** of clients.

Be sure to provide the documentation indicated for your selection(s)

<p>Area of Benefit. Project service area has been identified and determined to be statistically low/mod-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low/mod-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <u>Attach a map.*</u></p>	
<p>Income Certification. Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, <u>attach blank “intake” form.*</u></p>	
<p>Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach worksheet.*</u></p>	
<p>Presumed Beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <u>If you use this method, please indicate which group.*</u></p>	
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain on a separate page.*</u></p>	

Note: HUD has not yet released new Low/Mod Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) requires data collection standards for federal grant recipients as described in the instructions.

PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.

3. Location of Beneficiaries

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served FY 2013-14	Low/Mod Income Beneficiaries Estimated to be Served FY 2013-14
Gonzales		
Del Rey Oaks		
Unincorporated Area		
TOTAL	20 H	20 H

Please indicate the source of your information.

D. ORGANIZATIONAL CAPACITY

This section is to be completed by all non-governmental applicants.

HUD Grant Experience for the past **three** years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount
-	-	-	\$0

Fiscal Year and Audit Reports

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	7/1 – 6/30
Date of your organization's most recently completed audit. (Month/Year)	June 30, 2012
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	7/2011–6/2012
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	Yes
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

Organizational Structure

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	✓
Organization Chart	✓
List of the Board of Directors	✓
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c).3)	✓

Insurance Documentation - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? * X Yes or ___ No

*Generally, a faith-based organization was founded or is inspired by faith or religion.

E. PROJECT BUDGET / LEVERAGING

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and if so, highlight how that would affect the scope of services you are proposing.

The proposed project could be carried out with lower funding; however, the number of families served would be reduced proportionally.

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

1. Prior and Current Year Project Funding

Submit a **Statement of Activity or Income Statement** for year ending 2012, or fiscal year 2012-13, that shows actual income and expenses for your project; NOT for your entire agency or program. Include detail of revenue sources and amounts received from each source.

Submit TABLE I - Public Service Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire agency or program. A copy of this file is included on page 9 of this application. The **Excel File** is available on the Community Development website.

2. Anticipated Project Funding

Submit TABLE II - Public Service Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire agency or program. Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included on page 10 of this Application and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the space provided at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

F. AGENCY CERTIFICATIONS

The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
 - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
 - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
 - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Name of Agency	
Catholic Charities Diocese of Monterey	
Typed Name and Title of Agency Official	
Terrie Iacino / <i>Executive Director</i>	1/2/2013
Agency Official's Signature	Date of Signature
<i>Terrie Iacino</i>	<i>1/2/2013</i>
Telephone Number of Agency Official	e-Mail Address of Agency Official
831-3933110 ext 214	tiacino@dioceseofmonterey.org

**CDBG PROGRAM
Project Proposal Checklist
Program Year 2013-14**

Organization: Catholic Charities Diocese of Monterey

Project: Families Ahead/Familias Adelante

Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Service Application
A	✓	Application – Original and three copies
B	✓	Application – in Word format sent on CD to County
C	✓	Statement of Activity or Income Statement for YE 2012 or FY 2012-13
D	✓	Table I – Public Service Adopted Budget for FY 2012-13
E	✓	Table II – Public Service Proposed Budget for FY 2013-14
F	✓	Evidence of Insurance Coverage
G	✓	Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A	✓		Most Recent Audited Financial Statement
B	✓		List of Board of Directors and Affiliations
C	✓		Organizational Chart

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.

Catholic Charities
 Balance Sheet
 31-Aug-12

	Operations	Temporarily Restricted	Total
Assets:			
Cash/Money Market	\$ 789,671	\$ 84,805	\$ 874,476
Money Market/Von Schem Estate Income	\$ 372,261	\$ -	\$ 372,261
Investments-Joy Estate	\$ -	\$ 421,589	\$ 421,589
Estate Receivables	\$ 43,449	\$ -	\$ 43,449
Deposit-Watsonville Office Security Dep.	\$ 1,600	\$ -	\$ 1,600
Cal Fresh Outreach Program Receivable	\$ 8,332	\$ -	\$ 8,332
Hospice Santa Cruz Contract	\$ 6,000	\$ -	\$ 6,000
Community Foundation Grant	\$ -	\$ -	\$ -
Accounts Receivable- Appeal Pledges	\$ -	\$ -	\$ -
Accounts Receivable-United Way	\$ -	\$ 30,000	\$ 30,000
Accounts Receivable-FEMA	\$ -	\$ 3,475	\$ 3,475
Total Current Assets	\$ 1,221,313	\$ 539,869	\$ 1,761,182
Fixed Assets	\$ 46,100	\$ -	\$ 46,100
Charitable Remainder Trust	\$ -	\$ 111,872	\$ 111,872
Total Assets	\$ 1,267,413	\$ 651,741	\$ 1,919,154
Liabilities and Net Assets:			
Liabilities:			
Flexible Spending Account	\$ 286	\$ -	\$ 286
Vacation & PTO Accrual	\$ 21,358	\$ -	\$ 21,358
Total liabilities	\$ 21,644	\$ -	\$ 21,644
Net assets:			
Surplus (deficit) from prior years	\$ 1,215,863	\$ 791,172	\$ 2,007,035
Surplus (deficit) from current year	\$ 29,906	\$ (139,431)	\$ (109,525)
Total net assets	\$ 1,245,769	\$ 651,741	\$ 1,897,510
Total liabilities and net assets	\$ 1,267,413	\$ 651,741	\$ 1,919,154

Applicant: Catholic Charities Diocese of Monterey
Project: Families Ahead/Familias Adelante

Revenue

	(Specify Source)	Amount	Status*
Source 1:	CalFresh	\$ 31,975	c
Source 2:	Nutrition Education and Obesity Prevention	\$ 38,142	c
Source 2:	CDBG Monterey	53,058	P
Source 3:			
Source 4:			
Source 5:			
Total Revenue		\$ 123,175	

Status*:

C = Committed Funds

P = Funds that have been applied for and decision is pending

N = Funds that have not yet been requested

Expenses **

Category	Amount
Wages/Benefits	\$ 84,787
Consultant/Contract Fees	-
Travel/Mileage (4800 miles * .055)	2,640
Rent	
Insurance	
Utilities	
Equipment (Rental, lease, purchase)	
Supplies, printing, postage	
Indirect costs 20.3%	17,748
Client Services (describe below)	18,000
Other Expenses (describe below)	
Total Expenses	\$ 123,175

Budget Estimator:

Name: Angela Di Novella

Title: Dir. Family Supportive Services

Phone: 831- 3933110 ext 201

** If necessary, you may edit the fields to properly reflect your expense categories.

Briefly describe what this grant will pay for in the text box below:

CDGB funds will pay for 33.3% of total budget expenses (\$35058.33) + 18,000 of direct rental assistance (\$300 p/ 3 months) for 20 families.

Wages = 1 FTE Project Coordinator, .5 FTE Case Manager + 2 MSW Spanish speaking interns stipends

Applicant: Catholic Charities Diocese of Monterey
Project: Families Ahead/Familias Adelante

Revenue

	(Specify Source)	Amount	Status*
Source 1:	CalFresh	\$ 31,975	p
Source 2:	Nutrition Education and Obesity Prevention	\$ 38,142	P
Source 2:	CDBG Monterey	55,058	P
Source 3:			
Source 4:			
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Total amount requested \$53,058.33

Program Intake



Training Central Intake

FSS Pre-Screening Form

* Indicates required fields.

***In what city do you live?**

***Have you been assisted by our agency before?**

Yes No

When was the last time we assisted

How did you hear about Catholic Charities?

- Self
- Friend
- Family
- Other

***What is your current living situation?**

- Renting apartment Renting room Renting house Homeless Other

***Eviction/Late Notice Received?**

- yes no

Do you have a lease agreement in your name?

- yes no

Is the bill in your name?

- yes no

***What situation is preventing from paying your bills/rent?**

Would you be able to document it?

- yes no

Are you receiving assistance from other programs?

- SSI SSDI Cash Aide GA Section 8 Cal Fresh Other

Household Size

Number of Children

Number of adults

Number of seniors

Expenses

How much do you pay for energy?

How much do you pay for Telephone

How much do you pay for Water?

How much do you pay for Rent?

How much do you pay for Food?

How much do you pay for Child Care?

How much do you pay for Other?

Total Expenses
0

Income

Name

Source of income?

Monthly Total\$

Employment SSI GA Cash Aide Other

Name

Source of income?

Employment SSI GA Cash Aide Other

Monthly Total\$

Name

Source of income?

Employment SSI GA Cash Aide Other

Monthly Total\$

1xWeek = Gross x 4.33 1x2Weeks = Gross x 2.167 1xMonth = Gross x 1

TOTAL HSHLD INCOME

0

***Would you like to be Prescreened for CalFresh?**

Yes No Already receiving assistance

How many people are in your household that you buy and share food with?

Of these, how many are:

US Citizen/ Permanent Residents **Receiving SSI**

Monthly Income limits		
People in Household	Gross Monthly Income	Gross Monthly Income for Seniors
1	\$1,211	\$1,536
2	\$1,640	\$2,081
3	\$2,069	\$2,625
4	\$2,498	\$3,170
5	\$2,927	\$3,714
6	\$3,356	\$4,259
7	\$3,785	\$4,803
8	\$4,214	\$5,348

Outcome

Appointment Scheduled

Not eligible

- No late notice
- Lease/bill not in client's name
- Subleasing
- Overincome (for CalFresh only)

Referrals to:

- Salvation Army
- YWCA
- Housing Resource Center
- Housing Authority
- St. Vincent de Paul
- Shelter
- Food Pantry

- Not emergency
- Other

- CCDOM - Mental Health
- CCDOM- Immigration
- DSS
- Food Bank
- Employment
- Transportation
- HEAP
- Other

Read Documents needed for Rental Assistance:

- Picture ID
- SSN/2nd ID
- Lease Agreement
- Late Notice
- Proof of Income last 30 days
- Proof of emergency
- Birth Certificate of children
- Proof of Deposit (only if requesting move-in)

Read Documents for Utility Assistance

- Picture ID
- SSN/2nd ID
- Most recent bill
- 48h/15day/late notice
- Proof of Income last 30 days
- Proof of emergency
- Birth Certificate of children

Read documents for CalFresh Assistance:

- Picture ID
- SSN for all applicants
- Proof of income last 30 days

Read documents for HEAP Assistance:

- Picture ID
- SSN
- Proof of income last 30 days
- Complete most recent bill
- 48h/15 day notice

Update FSS Pre-Screening Form Section

-
- SAVE
 - Jump Back
 - New Messages
 - Help Menu
 - Log Out



Catholic Charities
Diocese of Monterey

922 Hilby Ave. Suite C, Seaside, CA 93955* Tel: (831) 393-3110 Fax: (831) 393-3115

REQUIRED DOCUMENTATION FOR FAMILY SUPPORTIVE SERVICES

Date _____

Name of Client _____

Please bring the following **required documentation:**

- Photo I.D. (For all ADULT household members)
- Social Security Card or Birth Certificates (For ALL household members)
- Income Verification for last 2 months
(Paycheck stubs, Cal Works, SSI benefits, unemployment benefits, child support, disability, etc.)

For Rental Assistance:

- Late Notice/3-Day Notice or /Pay or Quit Notice
- Move In/First Month Rent (Letter from Landlord/Lease Agreement)
- Lease Agreement
- Landlord Verification Letter
- Proof of emergency

For Utility Assistance:

- Water (Past Due bill)
- PG&E (48-hour or 15-day Notice)

NOTICE: This documentation is required and must be brought at the time of your appointment. Failure to do so will delay the process of your application. Completing the required paperwork does not guarantee that your application will be approved and that you will receive assistance.

Outreach Specialist: _____ Date _____

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Seaside
922 Hilby Ave. Ste. C
(831)-393-3110 | <input type="checkbox"/> Salinas
1705 Second Ave.
(831)-753-5314 | <input type="checkbox"/> Watsonville
217 E. Lake Ave.
(831)-722-2675 | <input type="checkbox"/> Hollister
1133 San Felipe Dr.
(831)-722-2675 |
|---|--|--|---|



FSS Central Intake

Intake Form: New Applicant

***Intake Date:**

Primary Worker:

Referred By:

To be determined after referral is created

* Indicates Required Fields

***First Name:**

Middle Name:

***Last Name:**

Alias:

***Birthdate:**

***Social Security #:**

***Gender:**

***Phone:**

Ethnicity:

Veteran:

Veteran Discharge Status:

Current Living Situation:

Household Size:

Number of Children:

Primary Language:

Services Sought:

Rental- Past Due

Rental Move-In

CalFresh

Utilities - PG&E

Utilities - Water Utilities - The Gas Co.

Utilities - Propane HEAP

Special Needs:

65+ Disabled

Emergency Contact:

Address:

Relation:

Phone:

How did you hear about Catholic Charities, Diocese of Monterey:

[PROCESS ADMISSION](#)

[Not Accepted into Program](#)

[Intake Menu](#)

[Jump Back](#)

[Opening Menu](#)

[28 New Messages](#)

[Help Menu](#)

[Log Out](#)

Client Assessment Scale – FY 2012-13

General Category	1 Surviving - Basic Needs Unmet	2 Striving- Basic Needs Met	3 Thriving - Basic Needs Exceeded	Rating
Housing	Lacks stable, safe, sanitary, or affordable housing; and/or lacks basic furnishings 1	With help, lives in safe, decent, affordable housing, meeting basic standards, with basic furnishings 2	Lives in safe, decent, affordable, appropriate long-term housing of choice; more than adequate furnishings 3	0
Food	Unable to secure food or prepare meals 1	With help, can secure food and prepare meals independently with some confidence 2	Highly confident about securing food and preparing meals 3	0
Health	Lacks health screening, health care provider, and/or plan to address medical needs 1	Has completed health screening; able to access and secure medical care appropriate to needs 2	Good health care plan in place; medical needs being addressed; able to manage health confidently 3	0
Education	Members of the household (including all adults) lack any English skills or basic education 1	Members of the household have survival English skills and/or are enrolled in ESL classes; basic education underway for children and attained by adults 2	Members of the household speak enough English for daily life; children performing well in school; adults pursuing advanced education 3	0
Income	Lacks means and/or ability to meet needs financially 1	With help, can meet basic personal needs; some control over monetary resources 2	Able to meet financial needs confidently; able to plan and manage personal finances 3	0

ASSESSMENT STAGE:	SUB SCORES	Sum of all Categories Rated: <input type="text"/>
Initial Assessment <input type="checkbox"/>	Basic Safety <input type="checkbox"/>	Divided By No. of Categories Rated: <input type="text"/>
90-Day Assessment <input type="checkbox"/>	Wellness <input type="checkbox"/>	AVERAGE RATING: <input type="text"/>
Long-Term Assessment <input type="checkbox"/>	Self Sufficiency <input type="checkbox"/>	

Client's name:		Y 2011-12 (please circle date of assessment)
Program:		Q1 Q2 Q3 Q4
Notes:		