

**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

**Total Requested Program Funding by Jurisdiction:**

*(Check all that apply)*

- |  |                   |
|--|-------------------|
| <input checked="" type="checkbox"/> Santa Barbara County | \$ <u>\$9,000</u> |
| <input type="checkbox"/> Carpinteria                     | \$ _____          |
| <input type="checkbox"/> Solvang                         | \$ _____          |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- |  |                   |
|--|-------------------|
| <input checked="" type="checkbox"/> Goleta | \$ <u>\$3,600</u> |
| <input type="checkbox"/> Lompoc            | \$ _____          |
| <input type="checkbox"/> Santa Maria       | \$ _____          |

**Section A – General Program Information Summary**

1. Program Title: Sarah House
2. Brief Summary of the Program: Sarah House provides compassionate end-of-life care to the low income and homeless as well as residential care for those with HIV/AIDS in Santa Barbara.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Countywide

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: AIDS Housing Santa Barbara
2. Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 2612 Modoc Road Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93105
4. Mailing Address (if different from above):
  - a. Street: P.O. Box 20031 Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93120

5. Person to Contact Regarding this Application:

- a. Name: Randy Sunday
- b. Relationship to Agency: Executive Director
- c. Street: P.O. Box 20031 Suite/Apt. #
- d. City: Santa Barbara State: CA Zip: 93120
- e. Work Phone: (805) 882-1192 Ext.
- f. Fax: (805) 965-2252
- g. E-mail: sunday@sarahhousesb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Sterling R. Ellsworth
- b. Agency / Organization:
- c. Street: 319 Salida Del Sol Suite #
- d. City: Santa Barbara State: CA Zip: 93109
- e. Work Phone: (805) 963-1904 Ext.
- f. Fax: (805) 456-3815
- g. E-mail: Sterling@SterlingE.com

7. Organization's Federal Identification Number (Tax ID #) 77-0224415

8. Agency Organizational DUNS number: 059519855  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: #

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

We serve the most destitute in Santa Barbara County and surrounding areas--the dying poor. This past fiscal year 2010/11 we cared for 77 residents at an 85% occupancy. On average, these residents remained at Sarah House for a month each. There were also 60 deaths—17 more than the previous year. These residents also occupied 2,475 bed days. Also in 10/11, we found that 25% of our residents were veterans, occupying 15% of our bed days, while 14% of our residents were homeless, occupying 19% of our bed days. We also cared for 3 HIV positive individuals over the course of 290 bed days, approximately 12% of our total bed days. We use a multiplier of 15 to calculate the number of people we relate with directly in addition to the residents. Thus, we project that we served approximately 1,115 people this past year--all of whom were either low-income or homeless or the friends and family of those low-income and homeless persons.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

We are unique as the first “social model” hospice residence in the country and serve only the low income and homeless. As a “social model” hospice, we address the physical, social, psychological and spiritual aspects of death and dying. We serve whoever is in need of our care, regardless of their ability to pay. Since we do not receive bed day reimbursements from Medicare, our care is motivated solely by quality as opposed to quantity and insurance concerns.

Over the years we have compiled demographics that document the steady and increasing demand for our services. We also rely upon the testimony of doctors, nurses, social workers and our local community for feedback. The increase in residents who pass through our doors each year reveals the sustained and dire need for a hospice residence solely dedicated to caring for the dying poor in our community. Since 2005, we have cared for over 400 residents (counting unduplicated residents only), over the course of over 13,000 bed days. We have sustained a 75% occupancy level since 2005, and in the past 2 years we have been filled at 85-90% capacity. For example, in fiscal year 10/11 we served 77 residents at an 85% occupancy rate.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Sarah House will apply this grant directly to our personnel costs. Our caregivers are the hands and feet of the Sarah House mission, compassionately caring for our residents each day. At a medical model hospice, all nursing staff must be Licensed Vocational Nurses(LVNs) or Registered Nurses(RNs) and there is a regulated separation of duties that requires only nurses to nurse, cleaners to clean and cooks to cook. This division of labor results in more staff and higher personnel costs. At Sarah House, dying is seen as more than just a medical event and our caregivers address the physical, social, emotional, and spiritual aspects of death and dying. Our caregivers, mostly Certified Nursing Assistants (CNAs), address all aspects of the resident's care as part of a holistic approach, where no need is left unaddressed.

With a "social model" hospice, we are able to provide 24-hour care at a fraction of the cost of a medical hospice or hospital. We provide care for the homeless and our services reduce the fiscal burden on the community. The national average bed day cost for a hospice residence is over \$700 and alternatively, a single day in custodial or medical-surgical care in our local hospital is over \$3,000. Sarah House proves its cost effective approach with a single bed day cost of \$350 while the local medical model hospice has a bed day rate of \$650.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Currently AIDS Housing Santa Barbara employs 18 staff members, all of whom work for the sole program of our agency, Sarah House. Thirteen of these employees work full-time, while the other 5 work part-time. Ten of the full time staff and all of the part-time staff work at the house and are or have the equivalent training of Certified Nursing Assistants (CNAs). Randy Sunday has been an executive officer with non-profits for over 20 years and has served as Executive Director of Sarah House since 1997. Debbie McQuade, House Manager of Sarah House since 1991, retired from her position as of January 1, 2012 and has been succeeded by Stephen Jones, PhD who has been Assistant House Manager since 2007. He now supervises all activities in the house involving residents, staff and volunteers. Our 14 volunteers take part in a wide variety of chores, such as spending time with our residents, preparing meals, cleaning, providing transportation, gardening, shopping, etc.

Sarah House has a personnel policy manual with an affirmative action plan and grievance procedure.



5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

For the proposed year, we seek to provide end-of-life care for 65 low income or homeless residents at Sarah House.

We also seek to care for 3-5 low income persons who are living with or dying from HIV/AIDS.

We seek to care for these 65 residents over 2,500 bed nights in 2012-13.

We seek to serve these residents 7,500 meals in 2012-13.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The outcome measures we will use to determine the success of our program are as follows: We will measure success by the number of persons served, the number of bed nights, and the number of meals served. Number of persons will reflect how many unique persons we are serving, while bed nights reflects our occupancy and increased and/or sustained demand for our services. Meals served reflects how many freshly prepared nutritious meals our chef serves to these residents. We will also measure how many unsolicited cards of thanks and positive feedback we receive from friends and family members after their loved ones die. Our goal is that we receive one piece of feedback from each resident who dies at Sarah House. We will also measure our success by questionnaires we send to loved ones a few months after their friend or family member dies at Sarah House. These questionnaires will allow us to identify which parts of our program are successful and what, if anything, needs improvement.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

We charge a fee for our end-of-life care and housing services if the resident has a stable source of income, but we never turn a resident away due to inability to pay. Each resident pays 30% of their income toward rent. Each resident then pays another 50% of their income for all other expenses, which includes food, laundry, and 24 hour care. Thus, a total of 80% is withdrawn from the resident's income. However, the average resident only pays \$17 per \$350 bed night cost, leaving us to cover \$333 a day. At our goal occupancy rate of 85%, this translates to a cost of approximately \$826,506.

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## **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

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## **2. Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N/A
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: N/A
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 2500
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 65

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Currently we are operating on a streamlined budget of \$915,000, and project a 3% increase in our budget income and expenses for fiscal year 12/13. We continue to rely upon private foundations for 40% of our income. Consistent funders include Cottage Hospital, Bower Foundation, Towbes Foundation, Wood Claeysens Family Foundation, Stone Family Foundation, Weingart Foundation and several others. We also receive state monies from HOPWA, California Dept. of Public Health to care for our HIV/AIDS residents. Our Office Manager utilizes Quickbooks for all invoicing and accounting, which is then reviewed and reported by a contract bookkeeper on a monthly basis, and then reviewed by the Executive Committee on our Board of Directors. Each year we also contract an independent Audit report of Sarah House.

2. **Federal Grant Experience within past 5 years:**  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
City CDBG	Sarah House	CNA's salaries & supplies	July 1, 2011	\$24,250
County CDBG	Sarah House	CNA's salaries	July 1, 2011	\$8,402
Goleta CDBG	Sarah House	CNA's salaries	July 1, 2011	\$3,554
County CDBG	Sarah House	CNA's Salaries	July 1, 2010	\$9,000

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
June/2010- July/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

**If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.**

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no
8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
9. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no
  - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no
  - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no
  - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no
  - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no
  - f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*
10. How many members serve on your Board of Directors? 12
11. How often does your Board of Directors meet? Once a Month
12. Does your Board of Directors have an audit committee? Yes
13. Describe the financial expertise currently serving on your Board of Directors. We have a nonprofit accountant an estate lawyer, a retired public administrator, and a retired marketing executive.
14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.  
Bill Yingst---VP Financial Advisor at Morgan Stanley Smith Barney, 805-564-7928 1014 Santa Barbara St.  
Santa Barbara, CA 93101  
Sterling Elsworth, CPA--319 Salida Del Sol, Santa Barbara, CA 93109, 805-963-1904
15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**BOARD CONTACT INFO 2012**

<u>Hallie Anderson</u>	1050 N.Ontare Rd.	SB, CA 93105	682-1821(hm) 698-7505 (cell)	<u>Hallie.Anderson@cox.net</u>
<u>Karen Borick</u>	4523 Carriage Hill	SB, CA 93110	683-7455(hm) 451-3502(cell)	<u>karenborick@cox.net</u>
<u>Serena Carroll</u>	1482 E. Valley Rd.	SB, CA 93108	969-3013 (hm) 698-5290 (cell)	<u>Serena33@cox.net</u>
<b>1st VP/Secretary</b>				
<u>Jean Lange Davis</u>	1226 W. Valerio St.	SB, CA 93101	682-0376 (hm)	<u>Jeanlangedavis@gmail.com</u>
<b>President</b>				
<u>Rick Knowles</u>	4592 Via Vistosa	SB, CA 93110	692-8513(hm) 698-2848 (cell)	<u>knowlesca@cox.net</u>
<u>Fritz Krainer</u>	2 S. Salinas St.	SB, CA 93103	452-4122 (cell)	<u>FritzKrainer@gmail.com</u>
<u>Susan Levine</u>	2208 Chapala St.	SB, CA 93105	450-4122 (cell)	<u>sldart@gmail.com</u>
<u>Lori Lewis</u>	112 E. Victoria St (work)	SB, CA 93101	966-1501 x267 (work) 448-3277 (cell)	<u>llewis@mullenlaw.com (work)</u>
<u>Linda Lorenzen Hughes</u>	4040 Cuervo Ave.	SB, CA 93110	886-1842	<u>Lorilewis@hotmail.com</u> <u>lindal@coldwellbanker.com</u>
<u>Carrie Vulich</u>	7491 Shepard Mesa Rd. Carp,	CA 93013	(808)-283-6580	<u>Cherishmaui@hotmail.com</u>
<b>Treasurer</b>				
<u>Cathie Walker</u>	3076 Lucinda Lane	SB, CA 93105	682-3080(hm) 284-6244 (cell)	<u>catherine.w@att.net</u>
<u>Harry Weisbart</u>	2879 Exeter Place	SB, CA 93105	563-2344(hm)	<u>harry@weisbart.com</u>
<b>Executive Director</b>				
<u>Randy Sunday</u>	P.O. Box 20031	SB, CA 93120	451-4731(cell)	<u>Sunday@SarahHousesb.org</u>

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	9,000	8,402	9,000
CDBG funds requested <u>for this program</u> from other jurisdictions	28,000	27,804	28,600
Other local cities' funds:			
County Human Services Program funds:	19,249	12,458	13,700
Other Federal funds:	70,000	61,516	60,900
State funds:			
Private trusts and foundation funds:	397,612	360,000	367,200
Donations:	107,136	110,000	112,200
Special fundraising events:	122,268	175,000	178,500
Client fees:	133,079	105,000	107,100
Other funds (explain): <u>Investment Income</u>	114,270	55,000	56,100
<b>Total Project Budget:</b>	<b>1,000,614</b>	<b>915,000</b>	<b>933,300</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	804,356	752,300	767,346
Consultants and Contracts	15,444	15,500	15,810
Facility, Utilities, Maintenance	82,574	82,200	83,844
Telephone, Fax			
Supplies	21,260	22,000	22,440
Postage & Shipping			
Marketing (Printing, Advertising)	35,396	34,500	35,190
Travel, Mileage, Training	3,476	500	510
Equipment Rental/Maintenance			
Insurance	7,416	8,000	8,160
Other uses (explain): _____			
<b>Total Project Budget:</b>	<b>969,922</b>	<b>915,000</b>	<b>933,300</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	9,000	8,402	9,000
CDBG funds requested <u>for this program</u> from other jurisdictions	28,000	27,804	28,600
Other local cities' funds:			
County Human Services Program funds:	19,249	12,458	13,700
Other Federal funds:	70,000	61,516	60,900
State funds:			
Private trusts and foundation funds:	397,612	360,000	367,200
Donations:	107,136	110,000	112,200
Special fundraising events:	122,268	175,000	178,500
Client fees:	133,079	105,000	107,100
Other funds (explain): <u>Investment Income</u> _____ _____	114,270	55,000	56,100
<b>Total Agency Budget:</b>	<b>1,000,614</b>	<b>915,000</b>	<b>933,300</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	804,356	752,300	767,346
Consultants and Contracts	15,444	15,500	15,810
Facility, Utilities, Maintenance	82,574	82,200	83,844
Telephone, Fax			
Supplies	21,260	22,000	22,440
Postage & Shipping			
Marketing (Printing, Advertising)	35,396	34,500	35,190
Travel, Mileage, Training	3,476	500	510
Equipment Rental/Maintenance			
Insurance	7,416	915,000	933,300
Other uses (explain): _____ _____			
<b>Total Agency Budget:</b>	<b>969,922</b>	<b>915,000</b>	<b>933,300</b>



1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

We still do not receive any federal or state funds for our hospice care in the form of bed day reimbursements or otherwise. Several prominent community foundations with whom we have had over decade-long relationships have changed their funding scopes and cut our funding. We are doing our best to continue to trim expenses, but already use the minimum number of caregivers on each shift as required by our licensing. We raise close to 40% of our funds from community foundations, and another 10-15% in Fundraisers, resulting in constant and persistent fundraising and grant writing. Since we serve the dying poor, many of our residents are unable to financially contribute to pay for their care, resulting in an average of \$17 income per bed day cost of \$400. In sum, we are doing our very best to pull on all of our possible funding resources while keeping our program and agency costs trim.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

In order to obtain the necessary revenues to carry on our end-of-life care services at Sarah House, we are cultivating all funding sources—private foundations, government agencies, individual and corporate donors, and special events. However we are already having difficulties with the inconsistency of major funders as of late, and will be very challenged if this funding is reduced after its consistent level the past several years. In order to cope with less funding we will have to continue to dip into our endowment to cover shortages, and in the long run if this trend continues we may have to consider reducing staff, which would lead to reducing the number or beds in our program. We hope we never have to consider that option, but since we do not receive any federal monies or insurance reimbursements, it is difficult when the local government and foundations we rely upon cut funding. We may also try to negotiate a larger grant from Cottage Hospital in exchange for "holding a bed" open for them just so we can fill the funding gap.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

AIDS Housing Santa Barbara

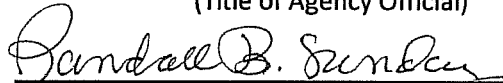
\_\_\_\_\_  
(Name of Agency)

Randall B. Sunday

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
**(Agency Official Signature)**

1/12/2012

\_\_\_\_\_  
(Date of Signature)

805-882-1192

\_\_\_\_\_  
(Telephone Number of Agency Official)

sunday@sarahhousesb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Rick Knowles

depose and say that I am President

[insert title, President, Vice President, etc.] of AIDS Housing Santa Barbara, DBA "Sarah House" P.O Box 20031 Santa Barbara, CA 93120

\_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Jean Lange Davis</u>	<u>1st VP</u>	<u>6/2013</u>
2. <u>Cathie Walker</u>	<u>Treasurer</u>	<u>6/2012</u>
3. <u>Linda Lorenzen-Hughes</u>	<u>Board Member</u>	<u>6/2013</u>
4. <u>Fritz Krainer</u>	<u>Board Member</u>	<u>6/2014</u>
5. <u>Harry Weisbart</u>	<u>Board Member</u>	<u>6/2013</u>
6. <u>Susan LeVine</u>	<u>Board Member</u>	<u>6/2014</u>

**DATE:** 1/12/2012

**AT:** Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

*Rick Knowles*  
Signature

Rick Knowles, Board President  
Print Name and Title

Board Members Continued:

Name	Title	Term Expires
Serena Carroll	Board Member	6/2012
Karen Borick	Board Member	6/2012
Lori Lewis	Board Member	6/2014
Carrie Vuich	Board Member	6/2013
Hallie Anderson	Board Member	6/2014

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**





#6  
Wimi

COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

Total Requested Program Funding by Jurisdiction:  
(Check all that apply)

<input checked="" type="checkbox"/> Santa Barbara County	\$ 15,000
<input type="checkbox"/> Carpinteria	\$ _____
<input type="checkbox"/> Solvang	\$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

<input type="checkbox"/> Goleta	\$ _____
<input type="checkbox"/> Lompoc	\$ _____
<input type="checkbox"/> Santa Maria	\$ _____

**Section A – General Program Information Summary**

1. Program Title: Project Recovery Detox Center
2. Brief Summary of the Program: A residential detoxification program for individuals who are addicted to alcohol or drugs and would experience acute withdrawal symptoms when attempting abstinence.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) South Santa Barbara County

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Council on Alcoholism and Drug Abuse
2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
3. Address of Organization:
  - a. Street: 232 E. Canon Perdido Street Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
  - a. Street: P.O. Box 28 Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93012

5. Person to Contact Regarding this Application:

- a. Name: Wim Verkaik
- b. Relationship to Agency: Director of Administration
- c. Street: 232 E. Canon Perdido Street Suite/Apt. #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963 - 1433 Ext. 134
- f. Fax: (805) 963 - 4099
- g. E-mail: wverkaik@cadasb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Diane Lyytikainen
- b. Agency / Organization: Council on Alcoholism and Drug Abuse
- c. Street: 232 E. Canon Perdido Street Suite #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963 - 1433 Ext. 127
- f. Fax: (805) 963 - 4099
- g. E-mail: dlyytikainen@cadasb.org

7. Organization's Federal Identification Number (Tax ID #) 95-1878858

8. Agency Organizational DUNS number: 807885850  
*(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)*

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # CT 03786



**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

The program provides 14-day residential detox services to individuals who are assessed to be addicted to alcohol or drugs and would experience acute withdrawal symptoms when attempting abstinence. Supervised detoxification is an essential first step for treatment and recovery for these individuals, but many cannot afford to pay for treatment in a hospital setting. For those with long-term addictions, co-occurring mental health problems, and limited financial resources, taking the first grueling step toward recovery — going through withdrawal symptoms — requires courage and a safe and supportive environment. The Project Recovery Detox Program is the first and only free or low-cost residential detox program in Santa Barbara. It is our mission to ensure access to detox services for all who need them, regardless of their ability to pay. Nearly 80% of our clients are unemployed, almost half of our clients are homeless and 70% have co-occurring mental health problems. In its current location at Casa Esperanza Homeless Shelter, the program is only able to serve men. However, in Spring of 2012, the program will move to its own facility, at which time we will be able to serve both men and women.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

The only other detox services in South Santa Barbara County are those provided by Cottage Hospital, at a patient cost of \$1,000 per day (2003). Medi-Cal benefits do not cover detox services. Therefore, while many low-income, disabled, and/or dual diagnosed individuals are eligible for Medi-Cal, they will still need free or low-cost detox services. Almost half of our clients are homeless and 70% have co-occurring mental illness. In a survey of 1,143 homeless individuals conducted by volunteers from Common Ground Santa Barbara in the Spring of 2011, 79% were classified as "vulnerable," with a high mortality risk. Fifty-two percent of those surveyed were alcoholics, 57% suffered a mental illness, and 35% had severe mental illness. Chronically homeless individuals account for a serious and repeated drain on local law enforcement and health care resources. For example, five chronically homeless people accounted for 311 arrests, 1,500 misdemeanor citations and multiple emergency room visits. Detox is the first and critical step in assisting homeless individuals with severe addictions, many of whom have a co-occurring mental health condition, and getting them into long-term treatment. Research has shown that social model detox programs are not only more cost effective, but achieve a greater commitment to engaging in treatment among their graduates following detox than do medical detox programs in a hospital setting. The primary strategy of our program is to give clients the opportunity to interact with a variety of agencies and clean and sober community-based role models (such as 12-step groups) during their stay. These interactions strengthen our client's chances of successful long term sobriety following detox by demonstrating that they can maintain sobriety in the environment in which they live, rather than being cloistered away from it, as in a hospital setting.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

The program will operate 24 hours a day, 7 days a week at a new facility recently acquired by the City of Santa Barbara to house the program on the West side of Santa Barbara. This new facility will enable us to serve both male and female clients in separate bedrooms and bathrooms. Most clients stay for 14 days. Clients are referred through Project Recovery's extensive outreach networks and our Drop-in Center, as well as by public health nurses, public social service agencies, police, probation, nonprofit agencies, and family members. Intakes will take place at our Drop-In Center on Haley Street and clients will then be transported to the residential facility. Services are delivered by certified Alcohol and Drug Counselors. Meals are provided on site. The core elements of the program consist of "Early Recovery Groups" that deal with issues such as craving, anxiety, depression, and anger, utilizing the research-based Matrix Model curriculum, as well as individual counseling, and random drug testing. Clients are also escorted to 12-Step meetings each day and allowed to fellowship, under supervision, after the meeting in an attempt to find a sponsor and start building a support network in the local recovery community. Aftercare planning begins at intake, and staff help each client develop an aftercare plan that may include medical and/or mental health care, safe housing, access to social services, residential or outpatient treatment programs, sober living facilities, recovery meeting, sponsorship and 12-step work. Clients will also be assisted in enrolling in Project Recovery's outpatient treatment program. Grant funds will be used to support the salary of the Program Manager.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Pat O'Connor is Assistant Director of Project Recovery and supervises the Detox Program staff. He received his certification as a Drug and Alcohol Treatment Counselor from UCSB and has been with Project Recovery for the past 5 years. Prior to that, he was the Program Manager for New House III, a residential half-way house. He worked at Cottage Hospital in their residential treatment program, Cottage Residential Care, in their COPE outpatient treatment program, and as a counselor in their Substance Abuse Treatment Court program. Brian Rossiter is the full-time Program Manager for the Detox Program. He is a Certified Addiction Treatment Counselor. Prior to coming to Project Recovery he worked at Newport Coast Recovery Center in Newport Beach. He is very active in the recovery community. Staffing also includes 4.65 FTE certified alcohol and drug counselors, and a full-time house manager that handles food preparation, cleaning, and linen services. Project Recovery has an extensive track record in serving homeless and low-income populations and our staff are experienced in creating a safe environment for those who have been living on the streets, or who feel marginalized and mistrustful of public institutions. The agency has a personnel policy manual with an affirmative action plan and grievance procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

The facility has a 12-bed capacity. Assuming that we operate at near capacity (averaging 11 beds per night) the program will provide 4,015 bed nights per year. We will serve 12,045 meals per year. We will provide 260 group counseling sessions per year (5 per week), and 900 individual counseling sessions per year.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The program is evaluated according to our ability to enroll clients in the Detox Program, and the program's graduation rate. We will also track the percentage of program graduates who successfully engage in ongoing aftercare within 14 days following graduation. Follow-up interviews will be done in person or over the phone. Our outcome measures for the one year grant program are: (1) 278 clients will enroll in the detox program, (2) 73% of all clients who enter the detox program will successfully complete all program requirements and be clean and sober upon exiting the program, (3) 85% of clients who graduate from the detox program will successfully engage in ongoing aftercare (enrolled in outpatient treatment, residential treatment/sober living, or attending 12-step groups) within 14 days following graduation. The most recent long-term study we were able to make of our graduates showed that of those who continued their treatment in the month following graduation, 65% were clean and sober 6 months later. It is difficult to conduct aftercare studies on this population, given that they are highly transient. We plan to conduct another long term study after our move to the new facility.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

The fee is \$20/day for residents of Santa Barbara County and \$40 for out of county residents. Fees may be discounted for Santa Barbara County residents, based on a sliding scale according to self-reported income, and no one is turned away for inability to pay. The \$20 per day fee was arrived at as a contribution for the cost of providing three meals per day.

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### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

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2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

- b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no
- White
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native and White
  - Asian and White
  - Black or African American and White
  - American Indian or Alaska Native and Black or African American
  - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)
- c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 278
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: \_\_\_\_\_
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 4015
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: \_\_\_\_\_
- e. **Total persons benefiting from this project:** 278

**Section E - Financial Information**

1. Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The current CADA operating budget is \$4,954,255. Diverse funding sources include federal, state, and local government grants, private foundation program grants, support from local school districts for youth programs, contributions from individuals and businesses, special events revenue, and program service fees. The largest expense category is for salaries and benefits for staff that provide services for multiple CADA programs. CADA has a sophisticated financial management system in place with highly competent accounting staff, coupled with stringent fiscal oversight by both finance and audit committees. The Board of Directors is given a comprehensive financial report at each of its meetings. Fiscal procedures are documented and regularly reviewed for compliance.

2. Federal Grant Experience within past 5 years:  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
Dept of Justice	OJJDP-Juvenile Justice	Mentoring Enhancements-3 Yrs	9/22/09	\$450,354
Dept HHS	SAMSHA	STOP Underage Drinking-4 Yrs	9/30/08	\$200,000
Dept HHS	SAMHSA	Cannabis Youth Treatment-4 Yrs	9/30/04	\$726,663
Dept HHS	SAMHSA	Drug Free Communities-4 Yrs	9/30/05	\$796,660

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
July 2010-June 2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 25

11. How often does your Board of Directors meet? 10 times per year

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. The Treasurer is a CPA. Board members include a bank president, retired CFO of a bank, two attorneys, and an investment counselor.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

None, outside of the board members. Financial experts on the board include:

Sally Arnold, CPA (683-4673), Will Degen, attorney (966-1501), Fred Clough, attorney, formerly with Santa Barbara Bank & Trust (453-3751), Gregg Hackethal, investment counselor (962-5252), Don Lafler, retired CFO, SBB&T (687-5873), Eloy Ortega, President, Bank of Santa Barbara (730-7860)

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	0	0	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:	20,000	17,000	25,000
County Human Services Program funds:	10,307	10,000	10,000
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	3,000	2,000	2,000
Donations:	1,351	16,250	41,250
Special fundraising events:			
Client fees:	13,770	12,000	12,000
Other funds (explain): <u>County Alcohol &amp; Drug Program Contract</u>	232,290	237,540	248,790
<b>Total Project Budget:</b>	<b>280,718</b>	<b>294,790</b>	<b>354,040</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	248,912	257,627	284,925
Consultants and Contracts	14,351	3,840	1,840
Facility, Utilities, Maintenance	18,760	22,590	34,490
Telephone, Fax	1,462	1,750	1,750
Supplies	20,072	24,000	45,000
Postage & Shipping	33	0	0
Marketing (Printing, Advertising)	717	2,000	2,000
Travel, Mileage, Training	1,810	3,050	5,900
Equipment Rental/Maintenance	850	500	500
Insurance	1,992	1,980	1,980
Other uses (explain): <u>Food (contracted w/ Casa Esperanza \$1200/mo thru 3/31/12)-Supplies</u>			
<b>Total Project Budget:</b>	<b>308,959</b>	<b>317,337</b>	<b>378,385</b>



**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			15,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:	163,522	74,375	75,000
County Human Services Program funds:	43,287	30,906	30,000
Other Federal funds:	462,270	332,831	304,875
State funds:	77,277	43,713	50,000
Private trusts and foundation funds:	525,159	556,953	754,150
Donations:	668,912	816,891	800,000
Special fundraising events:	379,545	339,910	355,000
Client fees:	919,241	898,483	900,000
Other funds (explain): <u>Investment Income/ Draw/ Rental Income/ includes</u> <u>County ADMH @ \$1,489,625 in 12/13</u>	1,611,892	1,750,240	1,701,625
<b>Total Agency Budget:</b>	<b>4,851,105</b>	<b>4,844,302</b>	<b>4,985,650</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	3,828,466	3,826,368	3,936,820
Consultants and Contracts	198,315	200,138	148,000
Facility, Utilities, Maintenance	364,491	325,017	341,100
Telephone, Fax	41,286	40,370	41,100
Supplies	134,159	138,745	169,050
Postage & Shipping	6,790	6,006	6,000
Marketing (Printing, Advertising)	138,400	94,338	95,000
Travel, Mileage, Training	41,369	47,297	50,000
Equipment Rental/Maintenance	24,053	19,550	20,000
Insurance	39,716	43,282	44,580
Other uses (explain): <u>Fundraising Costs</u>	157,284	134,000	134,000
<b>Total Agency Budget:</b>	<b>4,974,329</b>	<b>4,875,111</b>	<b>4,985,650</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

There is increased competition among local non-profit agencies for decreasing grants and donations. CADA, however, has a dedicated Board and staff that have successfully raised significant revenue via fund raising activities. Effective cost-cutting measures, including staff furloughs, have been put in place to offset reduced revenues. We continue our aggressive efforts to research and identify grant opportunities to further our mission. Management regularly monitors individual program budgets for viability, understanding that certain programs may have to be eliminated in the future absent adequate funding.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

Since the economic downturn, only 20% of clients are able to pay for services, yet none are turned away for inability to pay. The move to the new facility will require some changes in our operations and therefore an increased operating budget. We will be shopping, cooking, and serving our own meals, and providing our own linen services on the premises. This entails hiring a full-time house manager to handle food preparation, laundry and cleaning operations for the new residential center. Staffing and facilities costs are fixed costs for this 24/7 operation, regardless of numbers served. The only costs that would decrease with decreased numbers served would be food costs. There is not really a way to scale back the services we offer or the numbers we serve. Therefore any revenue shortfall will require increased fundraising efforts or in-kind donations (such as food) to offset fixed expenses.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Council on Alcoholism and Drug Abuse

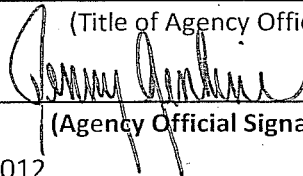
\_\_\_\_\_  
(Name of Agency)

Penny Jenkins

\_\_\_\_\_  
(Typed Name of Agency Official)

President and Chief Executive Office

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

1/25/2012

\_\_\_\_\_  
(Date of Signature)

805-963-1433

\_\_\_\_\_  
(Telephone Number of Agency Official)

pjenkins@cadasb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Dee Dee Barrett  
depose and say that I am Chairman of the Board  
[insert title, President, Vice President, etc.] of the Council on Alcoholism  
and Drug Abuse, 232 E. Canon Perdido Street, Santa Barbara, CA 93101.

\_\_\_\_\_ [insert name and address of Agency].

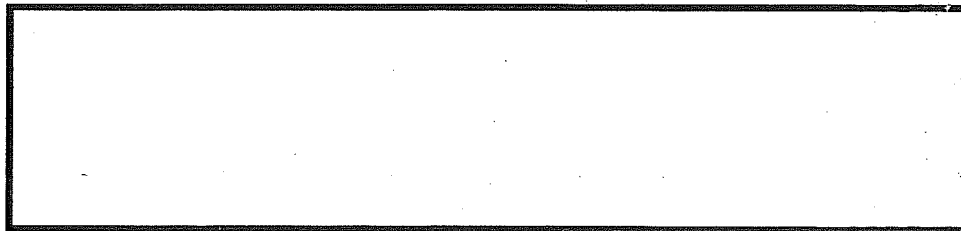
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Maureen Anderson</u>	<u>Board Member</u>	<u>Dec 2014</u>
2.	<u>Sally Arnold</u>	<u>Treasurer</u>	<u>Dec 2013</u>
3.	<u>Patty Bryant</u>	<u>1st Vice President</u>	<u>Dec 2013</u>
4.	<u>Bill Cirone</u>	<u>Board Member</u>	<u>Dec 2014</u>
5.	<u>Paul Clay</u>	<u>2nd Vice President</u>	<u>Dec 2012</u>
6.	<u>Fred Clough</u>	<u>Immediate Past Chairman</u>	<u>Dec 2013</u>

DATE: 1/24/2012

AT: Santa Barbara, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Dee Dee Barrett  
Signature

Dee Dee Barrett, Chairman of the Board  
Print Name and Title

**Board of Directors  
Council on Alcoholism and Drug Abuse**

**Continued**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Term Expires</u></b>
<b>7. Debby Davison-Phelps</b>	<b>Board Member</b>	<b>December 2014</b>
<b>8. Will Degen</b>	<b>Board Member</b>	<b>December 2014</b>
<b>9. Pam Geremia</b>	<b>Board Member</b>	<b>December 2012</b>
<b>10. Gregg Hackethal</b>	<b>Board Member</b>	<b>December 2013</b>
<b>11. David Hughes</b>	<b>Board Member</b>	<b>December 2013</b>
<b>12. Andria Kahmann</b>	<b>Board Member</b>	<b>December 2014</b>
<b>13. Don Lafler</b>	<b>Board Member</b>	<b>December 2014</b>
<b>14. Carole MacElhenny</b>	<b>Secretary</b>	<b>December 2014</b>
<b>15. Susan McEwen Neuman</b>	<b>Board Member</b>	<b>December 2013</b>
<b>16. Mike Olsen</b>	<b>Board Member</b>	<b>December 2014</b>
<b>17. Eloy Ortega</b>	<b>Board Member</b>	<b>December 2013</b>

**Council on Alcoholism & Drug Abuse**  
**BOARD OF DIRECTORS**  
**2012**

**CHAIRMAN**

Dee Dee Barrett  
435 Las Palmas Drive  
Santa Barbara, CA 93110  
Home: 964-9439  
Email: [LADYDDB1@aol.com](mailto:LADYDDB1@aol.com)

**1ST VICE-PRESIDENT**

Patty Bryant  
2895 Hidden Valley Lane  
Santa Barbara, CA 93108  
Home: 682-4623  
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**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

<b>FOR OFFICIAL USE ONLY</b>	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Total Requested Program Funding by Jurisdiction: <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Santa Barbara County	\$ 22,000 *
	<input type="checkbox"/> Carpinteria	\$ _____
	<input type="checkbox"/> Solvang	\$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

<input type="checkbox"/> Goleta	\$ _____
<input type="checkbox"/> Lompoc	\$ _____
<input type="checkbox"/> Santa Maria	\$ _____

**Section A – General Program Information Summary**

- Program Title: Casa Esperanza Community Kitchen - Isla Vista Lunch Program
- Brief Summary of the Program: The Community Kitchen hot lunch program provides 50 meals per day to homeless individuals residing in Isla Vista, five days per week at St. Mark's Church
- Service Area of Proposed Program (i.e., specific city, countywide, etc.): Isla Vista - Unincorporated

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: Casa Esperanza Homeless Center
- Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
- Address of Organization:
  - Street: 816 Cacique Street Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93103
- Mailing Address (if different from above):
  - Street: PO Box 24116 Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93121

5. Person to Contact Regarding this Application:

- a. Name: Michael Foley
- b. Relationship to Agency: Executive Director
- c. Street: 816 Cacique Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93103
- e. Work Phone: (805) 884-0173 Ext. \_\_\_\_\_
- f. Fax: (805) 884-0140
- g. E-mail: mikefoley@casa-esperanza.org

6. Name and contact information of Fiscal Agent:

- a. Name: Michael Foley
- b. Agency / Organization: Casa Esperanza Homeless Center
- c. Street: 816 Cacique Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93103
- e. Work Phone: (805) 884-0173 Ext. \_\_\_\_\_
- f. Fax: (805) 884-0140
- g. E-mail: mikefoley@casa-esperanza.org

7. Organization's Federal Identification Number (Tax ID #) 77-0502754

8. Agency Organizational DUNS number: 182084462  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # 112412

**Section C – Program Description Narratives**

Please describe the target population you intend to serve in your program (150 words or less)

The Casa Esperanza Community Kitchen provides over 175,000 hot meals to homeless and hungry individuals and families each year in Santa Barbara and Isla Vista.

We seek to continue serving 50 meals per day, to approximately 100 homeless men, women and children who reside in the unincorporated community of Isla Vista. We estimate that 100% of these individuals live beneath the poverty line.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

The Casa Esperanza Community Kitchen hot meal program is the only hot lunch program available to homeless people living in Isla Vista. We know of only one additional hot meal program designed to meet the needs of the homeless in IV - the Monday evening St. Brigid's meal sharing night in a local park.

*ST. BRIGID'S  
LUNCH*

In the 2011 homeless point-in-time count, over 60 homeless individuals were identified living outdoors in Isla Vista. Based on HUD estimates, over 180 individuals will experience homelessness in Isla Vista over the course of the year. The methodology used in the point-in-time count was the "Vulnerability Index" - a self-reporting survey conducted by volunteers with the homeless. Through this index homeless individuals and families self-report physical and mental health status, substance abuse and violence information, personal and income history.

Through this survey, over 500 volunteers worked together to identify nearly 1,600 homeless people. 55% of these individuals self-reported mental illness, 36% reported severe mental illness. Over 50% reported histories of drug and alcohol abuse. Over 900 people met the County Public Health Department's criteria of vulnerability to pre-mature death. These statistics held for the homeless in Isla Vista, but 100% of these individuals are unsheltered and have no immediate access to shelter.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

The Community Kitchen of Santa Barbara remains the only agency in Santa Barbara that collects good, unused food from grocery stores and restaurants and then prepares hot meals for homeless and hungry people. Meals are served on a daily basis at the Casa Esperanza Homeless Center in Santa Barbara and five days per week at St. Mark's Church in Isla Vista.

Food is prepared at Casa Esperanza. It is plated in the central kitchen in boxes, placed in a warming device, and is then transported to Isla Vista by a paid, trained staff member (Coordinator). This staff member also coordinates the presence of Isla Vista volunteers from UCSB and local faith communities who help to serve food and clean the facility after each use, and helps to assure a smooth and safe daily operation.

100% of the funds will be used to pay for the Isla Vista Coordinator, supplies and transportation costs.

\* We ask that you consider this a dollar-for-dollar matching/challenge grant to the philanthropic community. As a part of a new County-wide homeless services coordination effort, we believe that every service provided to the homeless should be matched with a Case Manager and volunteers who work to help the homeless find shelter, benefits, services and permanent housing.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.); its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

The Community Kitchen of Santa Barbara is part of the Casa Esperanza Homeless Center. Through this matching grant we seek to, for the first time, create a food distribution program for homeless individuals that brings social services directly to them every weekday. This effort aligned with the County-wide 10 Year Plan to End Chronic Homelessness, Common Ground and the new homeless re-organization effort. (Note: We have a current affirmative action policy in our P&P manual.)

Jose Figueroa is the Director of the Community Kitchen of Santa Barbara. Jose has a background as a restaurant manager and is also a certified religious counselor. Jose has been the Community Kitchen Director for the past two years. Jose ensures the successful functioning of all CK programs including Isla Vista and ensures that safety and public health objectives are met. The Program Coordinator position is usually filled by a recent UCSB graduate with food service and volunteer development experience. Casa Esperanza Case Managers are supervised by Imelda Loza, JD.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

This funding will be used serve 10,500 hot meals to at least 100 homeless individuals who reside in Isla Vista. When matching funds are secured to hire professional case management staff, case management service units will be available to all clients who participate in the meal sharing program. These service units include: Intake assessment, referrals, transportation, job placement, benefits procurement and housing placements.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

We propose the following outcome measures:

- 1) To serve at least 10,400 hot meals to homeless individuals in Isla Vista.
- 2) To complete an intake and vulnerability index survey with at least 100 individuals who reside in Isla Vista.
- 3) To provide service referrals to at least 75 homeless individuals residing in Isla Vista.
- 4) To assist at least 40 individuals residing in Isla Vista in securing income and housing, family re-unification or placement in long-term residential treatment facilities.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

We charge no fees.

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**Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Homeless Persons

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

The Isla Vista project serves any person who is in need of food and in the past such data has not been collected in IV. As part of our new county-wide data collection effort, though, it will be in June, 2012.

**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a new public service program that did not previously exist and will be available if this application is funded: 0
- b. Number of persons during one grant year with access to an improved or expanded Public service program if this application is funded: 100
- c. Number of new bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 0
- d. Number of increased bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: 0
- e. Total persons benefiting from this project: 100



**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Casa Esperanza has a total budget of \$2,551,000 to operate all of its various programs. County and city government services account for 36%. Private foundations provide 18% and large donors 15% and 25% from local donors. A variety of local sources provides 6%. Expenses are as follows: 60% for personnel and related costs, 16% are for shelter occupancy costs, 14% are for personal client care and support and 10% are for client related expenses and administration operating costs. Financial and bookkeeping functions are performed by Peri & Alvarado CPAs, Inc. a local CPA firm ensuring compliance with Federal and state and local fiscal standards and requirements.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
SANTA BARBARA COUNTY - CDBG	BRINGING OUR COMMUNITY HOME	DISCHARGE PLANNER	7/1/11	7064
SANTA BARBARA CITY - CDBG	VARIOUS	CAPITAL, DAY CENTER, SHELTER	7/11/11	142250
SANTA BARBARA COUNTY - HUD	DAY CENTER	DAY CENTER	OVER 10 YEARS	156000
SANTA BARBARA CITY - HUD	HPRP	HOUSING	10/01/09	65000

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30th
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
6/30/11 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 20

11. How often does your Board of Directors meet? Monthly

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. ROBERT PEARSON, EXEC DIRECTOR  
SANTA BARBARA CITY HOUSING AUTHORITY, RON FOX, INVESTMENT ADVISOR, DAVID PERI, CPA

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

We do not employ an active advisory group outside the Board of Directors and Board committees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	0	0	22000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			22000
Donations:	24400	20700	0
Special fundraising events:			
Client fees:			
Other funds (explain): _____ _____			
<b>Total Project Budget:</b>	<b>24400</b>	<b>20700</b>	<b>44000</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	18000	15000	38000
Consultants and Contracts			
Facility, Utilities, Maintenance			
Telephone, Fax			
Supplies	2300	1500	2000
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training	3200	3300	3000
Equipment Rental/Maintenance			
Insurance	900	900	1000
Other uses (explain): _____ _____			
<b>Total Project Budget:</b>	<b>24400</b>	<b>20700</b>	<b>44000</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds: ALL COUNTY FUNDS	550895	517026	400000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:	355919	435892	315000
County Human Services Program funds:	38134		
Other Federal funds:	156762	156762	156762
State funds:	0		
Private trusts and foundation funds:	399812	425000	450000
Donations:	1441271	847443	937238
Special fundraising events:	49775	72000	120000
Client fees:			
Other funds (explain): <u>COOKIE SALES,</u> <u>RENT AND OTHER</u>	95918	86000	0
<b>tal Agency Budget:</b>	<b>3088486</b>	<b>2540123</b>	<b>2379000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1966970	1413298	1425000
Consultants and Contracts	157600	127350	130000
Facility, Utilities, Maintenance	308847	283100	290000
Telephone, Fax	50665	26300	27000
Supplies	92257	59900	60000
Postage & Shipping	9196	6000	8000
Marketing (Printing, Advertising)	58319	37800	40000
Travel, Mileage, Training	20546	13250	15000
Equipment Rental/Maintenance	6651	12000	12000
Insurance	34620	45650	45000
Other uses (explain): _____	671090	515475	327000
<b>Total Agency Budget:</b>	<b>3376761</b>	<b>2540123</b>	<b>2379000</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

In April, 2011, Casa Esperanza and the Community Kitchen responded to a downturn in donations and grants by developing a new shelter and treatment model focused on group intake, group workshops and support groups and client service reciprocation in the shelter. Through this model, our clients take greater responsibility for shelter/service center upkeep and work more often in teams to meet personal goals. Through this effort we have successfully held our housing outcomes, built a new sense of client camaraderie, and reduced our annual budget by over \$200,000. Through our new Culinary Institute, homeless people will cook food for other homeless people and secure employment, while reducing costs further. Hence, our financial outlook is more stable. Our biggest threat at this time is the ending of the Federal Rapid Re-Housing Program. If this funding is not replaced, the homeless situation will grow tremendously over the next two years.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

The Isla Vista hot lunch program is part of the Community Kitchen of Santa Barbara which operates with a budget of \$350,000. \$22,000 of this budget covers the costs of staffing, supplies and food transportation to Isla Vista. At this point only 25% of our funding is derived from government sources. Isla Vista is a unique community in that almost all of its residents are college students and many of the remaining residents live in rentals and are often low income. For this reason, we seek 50% funding for the Isla Vista hot lunch program through County CDBG, which is one of the only available funding sources for this project. If full funding is not available, we will seek ongoing donations, but closure of this program is likely if sustainable government funding is not available. We are confident that the philanthropic community will provide the case management resource.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Casa Esperanza Homeless Center

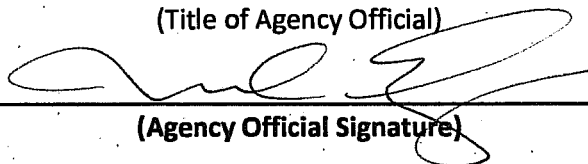
\_\_\_\_\_  
(Name of Agency)

Michael Foley

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

January 27, 2012

\_\_\_\_\_  
(Date of Signature)

805-884-0171

\_\_\_\_\_  
(Telephone Number of Agency Official)

mikefoley@casa-esperanza.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Rev. Mark Asman  
depose and say that I am President  
[insert title, President, Vice President, etc.] of Board of Directors

Casa Esperanza Homeless Center [insert name and address of Agency].

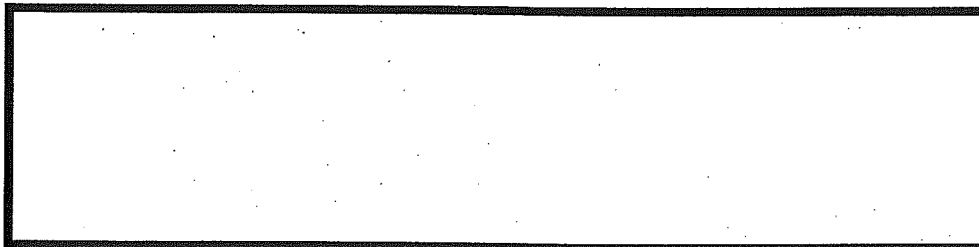
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Rev. Mark Asman</u>	<u>President</u>	<u>2013</u>
2. <u>Richard Ring</u>	<u>Vice President</u>	<u>2013</u>
3. <u>Mark Manion</u>	<u>Secretary</u>	<u>2013</u>
4. <u>David Peri</u>	<u>Chief Financial Officer</u>	<u>2013</u>
5. <u>Robert Pearson</u>		<u>2013</u>
6. <u>Lady Lesley Ridley-Tree</u>		<u>2013</u>

DATE: January 27, 2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MADE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MAROTHS N/A.)

Mark E. Asman  
Signature

Rev. Mark Asman, President  
Print Name and Title

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, t orker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**





**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

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**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

Santa Barbara County      \$ 15,000

Carpinteria      \$ \_\_\_\_\_

Solvang      \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

Goleta      \$ \_\_\_\_\_

Lompoc      \$ \_\_\_\_\_

Santa Maria      \$ \_\_\_\_\_

**Section A – General Program Information Summary**

1. Program Title: Casa Serena \_\_\_\_\_
2. Brief Summary of the Program: Casa Serena is a state licensed, non-denominational, 501c3 residential recovery program serving women seeking recovery from addiction to alcohol and other drugs. Each year we serve approximately 100 women and their minor children with safe housing, meals, individualized treatment services, and family and parenting therapy. The women in the program also receive introduction and support in the 12-step recovery philosophy
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Santa Barbara

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Casa Serena, Inc \_\_\_\_\_
2. Are you a 501(c) organization?  yes    no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 1515 Bath Street      Suite # \_\_\_\_\_
  - b. City: Santa Barbara      State: CA      Zip: 93101
4. Mailing Address (if different from above): NA
  - a. Street: \_\_\_\_\_      Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Craig Belknap
- b. Relationship to Agency: Executive Director
- c. Street: 1515 Bath Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 564-8701 Ext. \_\_\_\_\_
- f. Fax: (805) 884-9010
- g. E-mail: craig@casaserena.org

6. Name and contact information of Fiscal Agent:

- a. Name: Vanessa Garcia, CPA
- b. Agency / Organization: MacFarlane Faletti
- c. Street: 115 East Micheltorena Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805)966-4157 Ext. \_\_\_\_\_
- f. Fax: (805)965-2454
- g. E-mail: vanessa@mfc.com

7. Organization's Federal Identification Number (Tax ID #) 95-2862385

8. Agency Organizational DUNS number: 083011478

*(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)*

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # \_\_\_\_\_

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

Casa Serena provides residential recovery services to adult women, age 18-70, who are addicted to alcohol and other drugs. Over 60% of our clients are homeless or live below the poverty level. Over 70% are addicted to multiple chemical substances and over 50% suffer from co-occurring mental disorders such as post traumatic stress disorder, anxiety, and depression resulting from physical, sexual and emotional abuse. Casa Serena's gender specific program deals with the trauma, abuse, and violence specific to women in recovery.

Each year we serve approximately 100 women and their minor children with safe housing, meals, individualized treatment services, and family and parenting therapy. The women in the program also receive addiction counseling and education, introduction and support in the 12-step recovery philosophy, life skills training, peer support, extensive group and individual counseling, parenting education, and career counseling and support. Casa Serena also provides drug and health testing and coordinates case management with Social Services and Law Enforcement Agencies. By the time our residents successfully complete the program (90 days or more); they are gainfully employed or enrolled in school and ready to integrate into the community as fully contributing members.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

Casa Serena's services are entirely unique in Santa Barbara. Casa Serena is the only non-denominational women's residential treatment facility licensed by the State of California. Our Oliver House program, for mothers and young children, is the only non-denominational treatment facility in the city of Santa Barbara where mothers in recovery from addiction can reunite with and live with their children while receiving parenting support and counseling for up to two years. Other residential treatment programs exist but they are either faith-based (Santa Barbara Rescue Mission's Bethel House), co-ed (Salvation Army's Hospitality House), or are cost prohibitive. There are several sober living programs for women (Giving Tree and Stalwart House), but they do not provide treatment for addiction. Our program prevents negative outcomes like chronic homelessness, severe ill health, and even death by providing a safe environment and skilled staff to support each individual client as she examines the unique circumstances that caused her need for residential recovery treatment. The assigned counselor at Casa Serena works with the client several times a week, and the client has access to staff at Casa Serena every day.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Casa Serena is requesting \$15,000 for our Scholarship Program which supports women who are homeless or live below the poverty level (over 60% of our residents are in this category), and in need of our recovery services. The funds will be used to defray the cost of their treatment and allow them to reside at Casa Serena for 90 days or more.

Since 2008, Casa Serena lost \$151,000 in government funding from Santa Barbara County Alcohol, Drug and Mental Health Services (ADMHS), Prop 36 ( a program that offers non-violent drug related offenders rehabilitation rather than jail time), and CalWORKS (which provides prenatal care, counseling, child care, and job training to pregnant women and new mothers). As a result, the number of women in need of scholarships to reside and receive treatment at Casa Serena, as well as the amount of funding needed per client has increased significantly. Hence, there is a great community need for funding for impoverished women in Santa Barbara County seeking recovery from substance abuse.

The average scholarship per client in 2011 was \$1,140 per month. We project the funds from Santa Barbara County Public Services would help us to provide over 13 scholarships in the 2012/2013 fiscal year.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

**Nancy Belknap, Program Director:** Nancy started at Casa Serena in 2003. She is a certified Addictions Treatment Counselor and a Certified Relapse Prevention Therapist. She is certified in the Matrix model of methamphetamine treatment. Nancy has worked as a counselor for the Salvation Army, and Visiting Nurse and Hospice Care. (Full-time)

**Anna Drake, MFT Intern, Counselor:** Anna provides group and individual counseling at Casa Serena. She has a BA in American Studies and Politics and a MA in Clinical Psychology with an emphasis in Marriage and Family Therapy from Antioch University. Anna has also fulfilled the Post-Professional Specialization in Addiction Counseling. Anna has worked with a variety of populations including at-risk youth, those with dual-diagnoses, and indigent adults. (full-time)

**Sandy Mistretta, Counselor:** Sandy provides individual and group counseling weekly for the mothers and children residing at Casa Serena's Oliver House. She is a 2009 graduate of Casa Serena and since then has become a Certified Addictions Treatment Counselor, graduating with honors. Sandy is enrolled at Antioch University to get her BA degree in Applied Psychology. (part-time)

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?

yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Casa Serena provides services 365 days of the year for the 85-100 women and children served in our programs. Counseling takes place five days per week, Monday-Friday, and support in the 12-step recovery program is seven days a week. Residents meet daily with staff to discuss the 12-steps and for general house management purposes. All residents participate in chores, cooking meals, and volunteer at Casa Serena and in the community while they are in the program.

The Scholarship Program serves all those that need financial support to receive treatment. The \$15,000 from Santa Barbara County Public Services will provide over 13 scholarships.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Casa Serena will continue to serve 85-100 women and children in 2012-2013.

65% of our residents will complete 90 days or more of treatment.

80% of our residents will complete 30 days of treatment.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

Yes- Casa Serena asks for \$2,300 per month for treatment and residence at Main House, our initial 90 day program. Our Grad House program, for women who complete Main House and are not parenting minor children, costs \$900. Casa Serena asks \$1650 for our Oliver House residents (program for mothers and young children).

Casa Serena's fees do not reflect the actual costs to provide services. Actual costs for services at Main House are approximately \$3,200, at Grad House approximately \$1,400, and at Oliver House the cost to support a family of 2 or 3 is approximately \$3,700 per month. The fee schedule was created by our board of directors to make our services accessible to more women in need of services. Despite Casa Serena's minimal fees, approximately 70 percent of the women are provided with government assistance and/or scholarships from Casa Serena. Most of these clients are homeless with little or no income, no family and in need of immediate services. Therefore, Casa Serena must raise the funding to defray the additional program costs as well as scholarship funding in order to admit women without adequate financial means.

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## **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

---

## **2. Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: \_\_\_\_\_
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: \_\_\_\_\_
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: \_\_\_\_\_
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: \_\_\_\_\_
- e. **Total persons benefiting from this project: 100**

**Section E - Financial Information**

1. Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Casa Serena’s 2011/2012 operating budget is \$840,000 (itemized budget attached at the end of this application). We use an independently contracted bookkeeper to do our accounts payable and receivable and our Board reviews our expenditures/income monthly at our Finance Meeting and again at the Board meeting to ensure the most fiscally responsible use of our funding. At this time we rely on an annual campaign for grant funding although we have several foundations that fund us every year. Each year we have a complete financial audit by MacFarlane Faletti, whom also prepares our 990 for the IRS.

2. Federal Grant Experience within past 5 years:  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
NA	NA	NA	NA	NA

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments)*. What fiscal year did this most recent audit include?  
July/ 2010 - June/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*



**If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.**

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 11

11. How often does your Board of Directors meet? 4<sup>th</sup> Wednesday of each month

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. Charlie McBride, CPA, finance chair; Valerie Cavanaugh, Attorney; Mike Olsen, Retired Business Owner

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Jeff Forster, Smith Barney Financial Services, Financial Advisor ; Dennis Forster, Smith Barney Financial Services, Financial Advisor; Gayle Rodriguez, Walpole Accounting Services

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.  
ATTACHED

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:			15,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:		2,720	
County Human Services Program funds:		2,355	
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	148,050	102,185	148,050
Donations:	50,595	26,803	50,595
Special fundraising events:	52,105	46,467	52,105
Client fees:	174,327	98,873	174,327
Other funds (explain):12-step meeting fees, laundry, contract income	71,602	25,153	50,306
<b>Total Project Budget:</b>	<b>496,679</b>	<b>304,556</b>	<b>490,383</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	316,482	156,793	316,842
Consultants and Contracts	33,246	23,774	33,246
Facility, Utilities, Maintenance	43,231	22,219	43,321
Telephone, Fax	4,804	2,424	4,804
Supplies	4,293	4,058	4,058
Postage & Shipping	446	338	446
Marketing (Printing, Advertising)	13,324	9,670	13,324
Travel, Mileage, Training	4,264	1,922	4,264
Equipment Rental/Maintenance	85	0	85
Insurance	19,938	14,029	16,500
Other uses (explain):Program Expense, Food, Dues, Licenses/Fees _____	48,700	25,544	50,700
<b>Total Project Budget:</b>	<b>488,813</b>	<b>260,771</b>	<b>446,721</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			15,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:		5,280	
County Human Services Program funds:		4,709	
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	246,750	168,777	246,570
Donations:	84,325	44,673	84,890
Special fundraising events:	86,842	77,445	85,000
Client fees:	290,545	164,788	290,545
Other funds (explain): 12-Stepmeeting fees, laundry, contract income _____	119,337	41,921	119,337
<b>Total Agency Budget:</b>	<b>827,799</b>	<b>507,593</b>	<b>841,342</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	527,470	261,322	527,470
Consultants and Contracts	55,411	39,624	55,411
Facility, Utilities, Maintenance	72,053	37,031	74,062
Telephone, Fax	8,007	4,040	8,080
Supplies	7,155	6,763	7,155
Postage & Shipping	743	564	743
Marketing (Printing, Advertising)	22,206	16,117	22,206
Travel, Mileage, Training	7,107	3,204	7,107
Equipment Rental/Maintenance	148	0	148
Insurance	33,230	23,381	46,762
Other uses (explain): Program Expense, Food/Dues, Licenses/Fees _____	81,166	42,572	85,144
<b>Total Agency Budget:</b>	<b>814,689</b>	<b>434,618</b>	<b>834,288</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Over the last three years, we received a 63% (\$151,000) reduction in funding from government sources. Since then we have been able to increase the amount of client fees we receive by approximately 60%. We have also seen an increase in funding for Core Support from foundations like the Santa Barbara Foundation and several private foundations that we found through research. These two new foundations have provided Casa Serena with \$85,000 per year of funding over the last two years.

In the 2011/2012 fiscal year, we have noticed a decrease in giving by approximately 30% from donors and foundations. We continue to research new foundations with publicly provided resources in order to stay financially viable. Casa Serena's many years of service in the community and impeccable reputation for providing excellent services make us attractive to donors, foundations, and corporations.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

Casa Serena was founded in 1959, and is financially stable. We are also determined as an organization and with the support from our Board of Directors to ensure our organizations stability.

However, Casa Serena is a valuable public service, providing excellent residential recovery treatment services for many homeless and impoverished women, providing a safety net for them as they recover from substance abuse and take on the lifelong commitment to their sobriety. We have a large group of alumni that support the women of Casa Serena through fundraising and volunteer efforts.

We are requesting the County of Santa Barbara's partnership in providing these services and making entry to the program available to more women in the community.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

\_\_\_\_\_ Casa Serena \_\_\_\_\_  
(Name of Agency)

\_\_\_\_\_ Craig Belknap \_\_\_\_\_  
(Typed Name of Agency Official)

\_\_\_\_\_ Executive Director \_\_\_\_\_  
(Title of Agency Official)

\_\_\_\_\_  
**(Agency Official Signature)**

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_ 805-564-8701 \_\_\_\_\_  
(Telephone Number of Agency Official)

\_\_\_\_\_ craig@casaserena.org \_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee     Marcia Reed      
depose and say that I am Vice President, Board of Directors of Casa Serena at  
1515BathStreet SantaBarbara, CA 93101

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Mike Olsen</u>	President	June 2013
2. <u>Nan Schooley</u>	Director	June 2013
3. <u>Marilyn Gillard</u>	Director	June 2014
4. <u>Mart Keefe</u>	Director	June 2014
5. <u>Charles McBride</u>	Treasurer	June 2013
6. <u>Valerie Cavanaugh</u>	Secretary	June 2013
7. <u>Robbin Behrens</u>	Director	June 2014
8. <u>Bob Steele</u>	Director	June 2014
9. <u>Fred Rifkin</u>	Director	June 2014
10. <u>Dr. Doug Jackson</u>	Director	June 2014

**DATE:** \_\_\_\_\_

**AT:** \_\_\_\_\_ (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- Santa Barbara County \$ 6,000
- Carpinteria \$ \_\_\_\_\_
- Solvang \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta \$ \_\_\_\_\_
- Lompoc \$ 2,500
- Santa Maria \$ 10,000

**Section A – General Program Information Summary**

1. Program Title: Volunteer Program
2. Brief Summary of the Program: Program that utilizes volunteers to help seniors age in place by providing door-through-door rides, shopping, friendly visits, home repairs, etc. to those 62 and older in need.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Santa Barbara County (SBC)

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Community Partners in Caring (CPC)
2. Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 111 N Vine St Suite # \_\_\_\_\_
  - b. City: Santa Maria State: CA Zip: 93454
4. Mailing Address (if different from above):
  - a. Street: N/A Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



5. Person to Contact Regarding this Application:

- a. Name: Ashley Payne
- b. Relationship to Agency: Executive Director
- c. Street: 111 N Vine St Suite/Apt. # \_\_\_\_\_
- d. City: Santa Maria State: CA Zip: 93454
- e. Work Phone: (805) 925-8000 Ext. \_\_\_\_\_
- f. Fax: (805) 925-8170
- g. E-mail: ashley@partnersincaring.org

6. Name and contact information of Fiscal Agent:

- a. Name: N/A
- b. Agency / Organization: \_\_\_\_\_
- c. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
- d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Work Phone: -( )- Ext. \_\_\_\_\_
- f. Fax: -( )-
- g. E-mail: \_\_\_\_\_

7. Organization's Federal Identification Number (Tax ID #) 77-0477176

8. Agency Organizational DUNS number: 787760995  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # C2021916

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

Home bound seniors aged 62 years of age and older are the target population of CPC. CPC volunteers assist those seniors who no longer have a license to drive due to their physical ability such as hearing and vision loss. The clients served cannot access the public transportation systems, or their appointments are not conducive to the scheduled times for rides. Those served typically have no family members in the area or no living relatives at all. Clients served by the program currently are 75% female, are an average age of 78.1 years, and 99% are low income.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

The unmet need CPC proposes to meet is a lack of adequate services for seniors in SBC. As the median income decreases dramatically from age of 65 to 85 and the cost of healthcare increases, many seniors are forced to choose between healthcare and medication or basic necessities. SBC also lacks adequate assisted door-through-door transportation on which many frail seniors rely for access to healthcare and other resources. We are able to help those whose needs would otherwise go unmet.

The seniors served by CPC have the desire to live independent in their own homes for as long as it is safe; but, unfortunately, many do not have the resources, either physical or financial, to do so without assistance. CPC was created to “fill the gaps” left by other social service agencies. CPC helps also by eliminating blight in the community by doing yard work and home repairs to our clients’ homes.

According to the Report on Older Americans by the Adult and Aging Network, adults over the age of 85 are proportionately the fastest growing segment of California and SBC's population. The population over the age of 65 increased in the recent Census from 12.7% to 13.2% in SBC compared to the last Census. The average life expectancy in SBC is 79.76 years. The average life expectancy in the United States is 1.36% lower than in SBC.



3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Every day new requests come in from clients that are not able to independently get to their appointments, they have no one to take them, or they cannot access the public transportation system. Without CPC, these clients would more than likely not go to their medical appointments, do their shopping, errands, etc. We hear from the clients through Satisfaction Surveys that they would not know what to do without us.

CPC's mission is to provide seniors with volunteer services so they may continue living independently while maintaining quality of life. CPC achieves its mission through a network of volunteers who work in collaboration with other senior service agencies by providing critical support services to those seniors and their families in need in SBC.

The grant funds in the amount of \$6,000 will be used to continue and increase the services of CPC. Specifically the funds will be used to pay the staff that administers the program. The Program Director and the Volunteer Coordinator spend the majority of their time taking assignments from the clients and matching them with the Volunteer's availability and ability.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

The Executive Director (ED) is a full-time position that includes oversight of the program to include grant writing, fundraising, financial management, and outreach. The ED reports to the Board of Directors. The Program Director (PD) is a full-time position with oversight of volunteer program including screening and scheduling of the volunteers in Santa Maria. The PD also makes weekly deposits and does tax receipts for donations. The Volunteer Coordinator (VC) is a part-time position whose responsibilities include screening and the scheduling of the volunteers in Lompoc and the Santa Ynez Valley. The VC also helps with media communications and outreach. We have a personnel policy manual with affirmative action plan and grievance procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

A unit of service is defined as one service provided to one client by one volunteer. For example a ride to the doctor is one assignment. We had 5,065 assignments this past Fiscal Year (FY). The FY prior to that was 4,301 assignments. This next year we plan to increase the assignments by minimum of 5%.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

We utilize a new program, Assisted Rides, to track our Client Intake Forms, Case Notes Log, Client Requests, Volunteer Time sheets, and Destinations for rides. This provides us with a very efficient tracking system. The program is imperative for ensuring that our clients' rides are being fulfilled, tracking of volunteers' time, and determining if some of the outcome measures outlined below are being met.

CPC has established the following goals and outcomes for the volunteer program.

- 1.) Reduce isolation and increase socialization among the seniors in SBC.
- 2.) Increase the number of volunteers and unduplicated clients served by 5% in the next FY 07/01/12-6/30/13.
- 3.) Conduct a monthly outreach network for volunteer recruitment, client awareness, and community awareness.
- 4.) Provide 5,318 units of service in the next FY year 7/01/12-06/30/2013.



8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

N/A. However, we do give our clients the opportunity to make a donation through our Annual Appeal mailing and through the Satisfaction Surveys that we mail out to them.

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#### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)  
elderly persons (62 years of age and older)

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

N/A

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 20
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 400
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 420



**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Budget includes income from clients, donations including fundraisers, private foundations, & government grants. The expenses include salaries, benefits, occupancy, insurances, & volunteer expenses. We use QuickBooks in office to enter deposits & payments. Century Small Business Solutions (CSBS) receives the bank statements for monthly reconciliation & reporting. These are presented to the Executive Committee for review & later presented to the entire Board for review. PayChex prepares the payroll, payroll taxes, & reporting for CPC. Payment requests are given to the Executive Director (ED) for checks up to \$3,000, but for checks over \$3,000, additional signatures required. Deposits are made by the Program Director & delivered to the bank by the ED. We are not required to do an audit, but do so when deemed necessary.

2. **Federal Grant Experience within past 5 years:**  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
Lompoc CDBG	Volunteer Program	Vol Coordinator Expenses	July 1, 21011	2,755
SMCDBG	Volunteer Program	Program Director Expenses	July 1, 2011	9,000
DOT NF 5317	Volunteer Program	Expand ADA Services	Sept 9, 2011	130,000
DOT NF 5317	Volunteer Program	Expand ADA Services	Sept 8, 2009	125,000

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
July 2003- June 2004 (Month/Year - Month/Year)
5. Are there any outstanding **financial** audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_
6. Has your agency **expended** more than \$500,000 in federal funds in its last operating year?  yes  no  
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no
8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:
- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no
  - b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no
  - c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no
  - d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no
  - e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no
  - f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? Eight

11. How often does your Board of Directors meet? Quarterly

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. Business owners, bank managers and business advisors.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.  
Currently internally on the Board we have:  
Rachel Hill, 805-264-3419  
Dan Lopez, 805-937-5567  
James Small, 805-736-824

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.



**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	\$5,788	\$4,566	\$6,000
CDBG funds requested <u>for this program</u> from other jurisdictions	12,601	11,755	12,500
Other local cities' funds:	0	0	0
County Human Services Program funds:	8,280	6,181	6,181
Other Federal funds:	0	0	0
State funds:	58,344	62,500	62,500
Private trusts and foundation funds:	72,448	72,498	72,000
Donations:	17,942	12,500	12,500
Special fundraising events:	40,153	40,000	41,319
Client fees:	0	0	0
Other funds (explain): _____ _____	0	0	0
<b>Total Project Budget:</b>	<b>\$215,556</b>	<b>\$210,000</b>	<b>\$213,000</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	\$115,735	\$118,400	\$119,000
Consultants and Contracts	4,980	5,000	5,500
Facility, Utilities, Maintenance	15,600	15,000	15,000
Telephone, Fax	8,054	7,200	7,200
Supplies	6,218	6,500	6,500
Postage & Shipping	417	1,000	1,000
Marketing (Printing, Advertising)	5,438	7,200	7,200
Travel, Mileage, Training	15,978	15,200	16,000
Equipment Rental/Maintenance	0	0	0
Insurance	2,775	4,000	4,100
Other uses (explain): <u>Dues, depreciation, fund-raising, and volunteer expenses.</u>	40,764	30,500	31,500
<b>Total Project Budget:</b>	<b>\$215,959</b>	<b>\$210,000</b>	<b>\$213,000</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	\$5,788	\$4,566	\$6,000
CDBG funds requested for this program from other jurisdictions	12,601	11,755	12,500
Other local cities' funds:	0	0	0
County Human Services Program funds:	8,280	6,181	6,181
Other Federal funds:	0	0	0
State funds:	58,344	62,500	62,500
Private trusts and foundation funds:	72,448	72,498	72,000
Donations:	17,942	12,500	12,500
Special fundraising events:	40,153	40,000	41,319
Client fees:	0	0	0
Other funds (explain): _____ _____ _____	0	0	0
<b>Total Agency Budget:</b>	<b>\$215,556</b>	<b>\$210,000</b>	<b>\$213,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	\$115,735	\$118,400	\$119,000
Consultants and Contracts	4,980	5,000	5,500
Facility, Utilities, Maintenance	15,600	15,000	15,000
Telephone, Fax	8,054	7,200	7,200
Supplies	6,218	6,500	6,500
Postage & Shipping	417	1,000	1,000
Marketing (Printing, Advertising)	5,438	7,200	7,200
Travel, Mileage, Training	15,978	15,200	16,000
Equipment Rental/Maintenance	0	0	0
Insurance	2,775	4,000	4,100
Other uses (explain): Dues, depreciation, fund-raising, and volunteer expenses.	40,764	30,500	31,500
<b>Total Agency Budget:</b>	<b>\$215,959</b>	<b>\$210,000</b>	<b>\$213,000</b>



1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Currently CPC's Board anticipates our government contracts to decrease over the next few years due to our Nation's debt. However, we do have a contract through 2013 for \$62,500 per year from the Department of Transportation (DOT) of CA New Freedom (NF) 5317 Program. CPC was in the first cycle in the State of CA to be funded for this program. It is an extension of ADA requirements, focusing on using volunteers to assist seniors unable to access public transportation. Due to this anticipated decrease, the Board is focusing on increasing our local donor support through our fund raising dinner and our annual appeal mailing. We have seen an increase in both of these fund raisers over the years, and plan to continue the increase through building more community awareness of CPC. Additionally, CPC is identifying new foundations from which to solicit support.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

In the event that full funding is not available through the SBC CDBG, the services of CPC would not suffer due to the fact that we utilize volunteers to provide the services. It is possible that we could need to reduce expenses by reducing staff hours, and this may reduce the amount of scheduling that is done in a given day. CPC will continue to work diligently to identify additional funding sources & increase fund raising events. The funds from the DOT NF grant require a local match where funds from the SBC CDBG will help greatly.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Community Partners in Caring

\_\_\_\_\_  
(Name of Agency)

Ashley Payne

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

01/24/2012

\_\_\_\_\_  
(Date of Signature)

805-925-8000

\_\_\_\_\_  
(Telephone Number of Agency Official)

ashley@partnersincaring.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Dan Lopez  
depose and say that I am Treasurer  
[insert title, President, Vice President, etc.] of Community Partners in Caring  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. See additional sheet		
2.		
3.		
4.		
5.		
6.		

DATE: 1/24/12

AT: Santa Maria, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

[Handwritten Signature] Dan Lopez, Treasurer  
Signature Print Name and Title



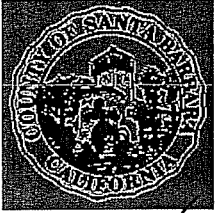
**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- ☑ **Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- ☑ **Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- ☑ **Most recent financial audit**
- ☑ **Program fee schedule, if applicable**
- ☑ **Explanation of outstanding legal/litigation issues, if applicable**
- ☑ **Blank client intake form, with self-certification of eligibility status, if applicable**

#9.

01-27-12P01:42 RCVD



COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd 1/27/12 1:42 pm

Initials N Er

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 Scanned

*K. [unclear]*

**Total Requested Program Funding by Jurisdiction:** (Check all that apply)

<input type="checkbox"/> Santa Barbara County	\$ 15,000
<input type="checkbox"/> Carpinteria	\$ _____
<input type="checkbox"/> Solvang	\$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

<input type="checkbox"/> Goleta	\$ _____
<input checked="" type="checkbox"/> Lompoc	\$ 15,000
<input checked="" type="checkbox"/> Santa Maria	\$ 5,000

**Section A – General Program Information Summary**

- Program Title: Santa Barbara Emergency Shelter
- Brief Summary of the Program: Provides women and children fleeing domestic abuse with safe shelter, clinical counseling and practical support in developing independent, violence-free lives.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) Santa Barbara County

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: Domestic Violence Solutions for Santa Barbara County
- Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
- Address of Organization:
  - Street: PO Box 1536 Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93102
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Nicollette Daniel
- b. Relationship to Agency: Grants Coordinator
- c. Street: PO Box 1536 Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93102
- e. Work Phone: (805) 963 - 4458 Ext. 12
- f. Fax: (805) 963 - 1169
- g. E-mail: nicd@dvsolutions.org

6. Name and contact information of Fiscal Agent:

- a. Name: ROBERTA WACHILL
- b. Agency / Organization: DOMESTIC VIOLENCE SOLUTIONS
- c. Street: PO BOX 1536 Suite # \_\_\_\_\_
- d. City: STA BARBARA State: CA Zip: 93102
- e. Work Phone: (805) 963 - 4458 Ext. 14
- f. Fax: (805) 963 - 1169
- g. E-mail: ROBERTAW@DVSOLUTIONS-ORG

7. Organization's Federal Identification Number (Tax ID #) 95-3495141

8. Agency Organizational DUNS number: 131252488  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # \_\_\_\_\_



**Section C – Program Description Narratives**

Please describe the target population you intend to serve in your program (150 words or less)

DVS' primary population is women and children who have experienced domestic abuse. They are typically low-income women with no other safe place to turn. All are homeless at the point where they reach our doors, and most have exhausted all personal connections and options for safety. The majority of DVS' emergency shelter clients are referred by law enforcement and local community service agencies. DVS serves all victims of domestic violence without regard to income status; however, we are aware that 96% of our clients in 2010-11 were Extremely Low Income (10-30% MPI), and 2% were Low Income (31-50% MPI), for a total of 98% of our client base. Last year, DVS' emergency shelters served 294 women and children, Program residents were 70% Latino, 21% Caucasian, 8% African-American, and 1% unknown or mixed race. 45% of our clients were adult women; 55% were children, most under the age of five.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

In 2009, Santa Barbara law enforcement responded to over 1,400 domestic violence calls, an 18% increase over the prior year (Criminal Justice Profiles, California Dept. of Justice). DVS shelter staff accompanied them on approximately a third of these calls. 34% of the incidents involved weapons. Without the provision of immediate emergency shelter support, battered women would be forced to stay in the abusive relationship and continue to face an escalating risk of death, or join the ranks of the homeless. Homeless women and children are particularly susceptible to crime victimization, substance abuse and catastrophic health outcomes, costing significant resources in police, emergency response and indigent health care expenses.

Although shelters for men and homeless persons in general exist within the County, no other agencies address the specific needs of women and children who have been victimized by family violence. Services targeted to this population are critical, as their emotional and practical needs differ from that of the standard homeless population.

When DVS was originally founded in 1977, the need for domestic violence services in the region was determined as part of the CETA-funded "Violence in the Family" project. Over the last 34 years, the methodology for determining expanded need has been surveys, anecdotal feedback, requests from law enforcement and community leaders, and needs expressed by clients, as well as agency recognition of capacity and local demographic changes.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

DVS requests \$15,000 to support the salary of one Shelter Advocate at our Santa Barbara Emergency Shelter. The Shelter operates 24 hours per day, 365 days per year, supervised by the Shelter Coordinator for Santa Barbara and staffed by 6 Shelter Advocates.

The Shelter Advocate is critical to all aspects of DVS' service provision, as they support our women residents in developing a structured program of goal-setting, including access to support groups, individual counseling, and advocacy for financial, legal, housing, medical and childcare assistance. The shelter advocate provides ongoing case management and advocacy to help each client achieve her specific goals, along with skill development sessions on topics such as safety planning, substance abuse, parenting, stress management, and household budgeting.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

DVS employs 17 full time and 20 part time paid staff.

Administrative/Finance staff: Executive Director; Associate Executive Director/Director of Development; Development Associate; Administrative Assistant/Office Manager; Controller; Staff Accountant; Accounting Clerk; Development Assistant.

Shelter staff: Residential Services Director; 2 Shelter Coordinators; Volunteer Coordinator; 8 full-time and 3 part time Client Advocate/Case Managers; 2 Maintenance/Facilities staff.

Counseling staff: Clinical Director; Clinical Supervisor; 9 paid part time MFT Interns and Trainees.

Prevention Staff: Teen Services Coordinator.

DVS has a staff Policy and Procedures Manual, which includes both an Equal Opportunity Employment policy and a Grievance Procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

DVS utilizes shelter bed nights as our primary unit of service. Through our Santa Barbara Emergency Shelter, we expect to provide 4,200 bed nights to approximately 125 women and children in 2011-12.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

DVS measures the effectiveness of our Emergency Shelter program through the use of performance targets that measure client achievement during weekly case management sessions. DVS uses the Goal Attainment Scale (GAS), exit interviews, client satisfaction surveys, and case management notes to chart clients' progress toward their goals.

Program goals are as follows:

To provide 125 women and children with 4,200 bed nights of safe emergency shelter;

To assist at least 85% of women who complete the shelter program (30+ days) in achieving all of their priority goals (securing income, taking legal action for safety, accessing assistance programs, budgeting locating safe housing, etc.)

To assist at least 90% of women who complete the shelter program in achieving a majority of their secondary goals (child care, counseling, relocation, medical care, education, parenting skills, transportation, etc.).

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

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**Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)  
battered spouses

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2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 0
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 125
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 0
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: 0
- e. **Total persons benefiting from this project:** 125

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

DVS supports its \$2 million budget through government funding at the federal, state, county and city level; grants from 25+ foundations and corporations; individual donations; events and direct mail. The budget includes \$1.5 million in salaries and benefits for 55 staff; \$140,000 for utilities, rent and maintenance on 5 shelter sites, 1 administrative office and 1 counseling center; and other expenses as itemized in Section F. DVS Finance staff performs accrual accounting utilizing Quickbooks Premier Nonprofit Edition, Microsoft Office Excel and DonorPerfect. Financial Statements are produced by the Controller, reviewed by the Board Treasurer and Executive Director, then presented to the Finance Committee monthly and the Board bimonthly. Payroll, payroll tax returns and tax deposits are processed by a professional payroll firm.

2. **Federal Grant Experience within past 5 years:**  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
HUD	Transitional Housing	Second Stage	5+ years	\$76,220
FEMA	Phase 29	Emergency Shelters	5+ years	\$15,000
City CDBG's	SB, SM & Lompoc	Emerg Shelters/Transitional Hsg	5+ years	\$67,330
FESG	Transitional Housing	Mariposa House	January 2012	\$88,389

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30th
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
7/09 - 6/10 (Month/Year - Month/Year)
5. Are there any outstanding **financial** audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_
6. Has your agency **expended** more than \$500,000 in federal funds in its last operating year?  yes  no  
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 18

11. How often does your Board of Directors meet? bi-monthly

12. Does your Board of Directors have an audit committee? Finance Cm

13. Describe the financial expertise currently serving on your Board of Directors. DVS' Board includes an active CPA, a retired CPA, two bankers, an Accounting Specialist and two business owners

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.  
In the past year, DVS Board and Administration received two funded consultations with the Non-Profit Finance Fund, a consulting firm with offices across the country (www.nonprofitfinancefund.org). Our annual Audit is conducted by Stoltey and Associates in Santa Maria (805-925-6363). DVS also has a professional Controller, Roberta Weighill, on staff; she reports to the Finance Committee of the Board.

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

DVS Board Roster 2011-2012

	A	B	C	D	E	F	G	H	I	J	K	L
	Last	First	Board Title	Profession	Address	City	Zip	Home	Cell	Email	Work	Fax
1	Bezek	Pete	Member	Attorney	15 W. Carrillo St.	SB	93101			<a href="mailto:pbezek@foleybezek.com">pbezek@foleybezek.com</a>	962-9495	962-0722
2	Blow	Cozetta	Vice-President	Victim Advocate	520 North Second Street	Lompoc	93436		588-8998	<a href="mailto:cjblow@msn.com">cjblow@msn.com</a>	875-8113	875-8114
3	Egenolf	Judy	Member	Business Owner	130 E. Carrillo St.	SB	93101		698-2274	<a href="mailto:judy@amherst1031.com">judy@amherst1031.com</a>	962-6262	x1
4	Fish	Karyn	Member	Human Resources Manager	2631 Hacienda Way	SB	93105	563-9488	886-4996	<a href="mailto:kfish@cencalhealth.org">kfish@cencalhealth.org</a>	562-1044	
5	Flores	Beatriz	Member	Attorney	306 Palisades Drive	SB			705-5284	<a href="mailto:bpf@mapsblaw.com">bpf@mapsblaw.com</a>	965-7128	
6	Free	Helen	Member	Retired CPM	408 Nogal	Lompoc	93109	742-0482	895-1313	<a href="mailto:freehd@aol.com">freehd@aol.com</a>		
7	Johnson	Vicki	Secretary	Sr. Deputy D.A.	1710 Glen Oaks Drive	SB	93018	969-0403	680-2740	<a href="mailto:vickijohnson@verizon.net">vickijohnson@verizon.net</a>	884-8015	
8	Langhorne	Sofie	Member	Realtor	497 Live Oaks Road	SB	93108	969-3457	689-5759	<a href="mailto:sofielanghorne@gmail.com">sofielanghorne@gmail.com</a>	969-4755	969-0262
9	Luna-Martinez	Lupe	Member	Community Leader	96 Kinman Ave.	Goleta	93117	683-0908	637-9280	<a href="mailto:lupe@caraslatinas.com">lupe@caraslatinas.com</a>	683-6381	x217
10	Madison	James	Member	Banker	2622 Montrose Place	SB	93110	687-1120		<a href="mailto:jmbookssb@sblamcher.sbcoxmail.com">jmbookssb@sblamcher.sbcoxmail.com</a>	687-6436	
11	Ohlgren	Joel	Member	Attorney	Sheppard, Mullin et.al. 1111 Chapala St.	SB	93101	969-6916	453-8051	<a href="mailto:johlgren@sheppardmullin.com">johlgren@sheppardmullin.com</a>	879-1800	879-1867
12	Roehrig	Claudette	Co-President	Community Leader	4280 Marina Drive	SB	93110	898-3775	896-4726	<a href="mailto:claudette.roehrig@gmail.com">claudette.roehrig@gmail.com</a>		
13	Sanginiti	Tracy	Member	Key Acct. Specialist	1221 1/2 Mason Street	SB	93103		729-2701	<a href="mailto:tsanginiti@deckers.com">tsanginiti@deckers.com</a>	967-7611	967-9722
14	Seitz	Liz	Member	V.P./Bank Manager	732 Forest Park Blvd., #210	Oxnard	93036	827-0168		<a href="mailto:eseitz@communitywestbank.com">eseitz@communitywestbank.com</a>		
15	Steed	Aaron	Co-President	President of Company	144 Hind Lane #140	Santa Maria	93401	471-1035		<a href="mailto:aaron@meatheadmovers.com">aaron@meatheadmovers.com</a>	544-6328	
16	Vander Heide	Pamela	Member	Educator & Attorney	3158 Braemar Drive	SB	93109	687-9580	452-0815	<a href="mailto:bookmama1@hotmail.com">bookmama1@hotmail.com</a>		
17	Viles	Linda	Treasurer	CPA	c/o Bartlett, Pringle & Wolf, 1123 Chapala Street	SB	93101		746-0788	<a href="mailto:lwachold@bpw.com">lwachold@bpw.com</a>	960-3806	
18	Weinberg	Beth	Member	Therapist	511 Grove Lane	SB	93105	569-1074		<a href="mailto:_lbaw@cox.net">_lbaw@cox.net</a>	569-6277	x304
19	Staff:											
20	Barnet	Kim	Staff	SB County Res. Prog. Manager	P.O. Box 314	Santa Maria	93456		264-4016	<a href="mailto:kimb@dvsolutions.org">kimb@dvsolutions.org</a>	347-9994	
21	Kravetz	Richard	Staff	Executive Director	P.O. Box 1536	SB	93102		451-8849	<a href="mailto:richardk@dvsolutions.org">richardk@dvsolutions.org</a>	963-4458	963-1169
22	Lambeth	Diana	Staff	South County Clinical Director		SB	93102		895-3147	<a href="mailto:dianal@dvsolutions.org">dianal@dvsolutions.org</a>		
23	Marcoc	Marsha	Staff	Associate	P.O. Box 1536	SB	93102		451-3579	<a href="mailto:marsham@dvsolutions.org">marsham@dvsolutions.org</a>	963-4458	963-1169
24	Weighill	Roberta	Staff	Controller	P.O. Box 1536	SB	93102			<a href="mailto:robertaw@dvsolutions.org">robertaw@dvsolutions.org</a>	963-4458	x14



**Section F – Program and Agency Revenue and Expense Information****I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	0	0	15,000
CDBG funds requested for this program from other jurisdictions	50,000	50,000	50,000
Other local cities' funds:	0	0	0
County Human Services Program funds:	36,000	34,000	30,000
Other Federal funds:	5,000	3,700	3,000
State funds:	98,000	103,300	102,000
Private trusts and foundation funds:	75,455	75,000	85,000
Donations:	1,000	1,000	1,000
Special fundraising events:	0	0	0
Client fees:	951	6,500	7,500
Other funds (explain): _____ _____	0	0	0
<b>Total Project Budget:</b>	<b>285,794</b>	<b>273,500</b>	<b>278,500</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	253,745	261,000	268,000
Consultants and Contracts	1,457	2,000	1,500
Facility, Utilities, Maintenance	8,233	9,100	9,100
Telephone, Fax	10,279	10,500	10,700
Supplies	2,465	1,400	1,400
Postage & Shipping	60	65	75
Marketing (Printing, Advertising)	1,251	2,250	2,250
Travel, Mileage, Training	7,943	7,950	6,450
Equipment Rental/Maintenance	6,769	4,700	9,403
Insurance	6,393	6,500	6,500
Other uses (explain): tax, ct assistance, dues, licenses, staff dev	5,515	5,100	5,100
<b>Total Project Budget:</b>	<b>304,110</b>	<b>310,565</b>	<b>320,478</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	0	0	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions	51,500	50,000	50,000
Other local cities' funds:	27,000	31,475	30,000
County Human Services Program funds:	190,084	204,907	200,000
Other Federal funds:	91,220	179,609	150,000
State funds:	371,3098	375,424	375,000
Private trusts and foundation funds:	452,450	475,000	500,000
Donations:	395,706	460,000	500,000
Special fundraising events:	69,389	40,000	60,000
Client fees:	145,553	125,000	130,000
Other funds (explain): <u>sales, royalties, rental, trainings, bequests</u>	259,480	45,000	60,000
<b>Total Agency Budget:</b>	<b>2,053,780</b>	<b>1,986,415</b>	<b>2,070,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,631,463	1,480,000	1,500,000
Consultants and Contracts	88,540	82,000	85,000
Facility, Utilities, Maintenance	172,749	139,500	150,000
Telephone, Fax	53,812	52,700	50,000
Supplies	24,718	23,900	25,000
Postage & Shipping	3,129	3,400	3,000
Marketing (Printing, Advertising)	17,144	24,400	20,000
Travel, Mileage, Training	45,181	40,400	40,000
Equipment Rental/Maintenance	46,954	32,400	40,000
Insurance	44,900	48,000	50,000
Other uses (explain): <u>tax, ct assistance, dues, events, bank, legal, interest</u>	96,203	114,400	82,000
<b>Total Agency Budget:</b>	<b>2,224,793</b>	<b>2,041,100</b>	<b>2,045,000</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Over the past two years, DVS administration and board have worked diligently with outside consultants to do scenario planning in light of potential catastrophic funding losses. We have expanded our fundraising efforts, hiring additional staff, increasing marketing, expanding our Board of Directors and implementing new initiatives. These measures have begun to have an impact, and are offsetting losses we have received this year in decreased funding amounts from many foundation and government sources. We also must prepare for the possibility that California's continuing budget crisis may result in a very significant loss of domestic violence funding in the fall of 2012 (approximately \$200,000 of our funding is at risk, comprising more than 10% of our annual operating budget). We anticipate that our outreach and fundraising capacities will expand over time, as we generate the income to support the augmentation of our efforts. However, DVS projects that the time frame necessary to achieve a fully sustainable operating surplus could be as much as 3-6 years.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

DVS' emergency shelters are at the core of our mission to end domestic violence in our community, and as such, are our first priority for funding. We support all operations at DVS from a multitude of sources, including government, foundations and individual gifts as needed. If adequate funding cannot be obtained from public sources, we must turn to our limited general funds to make up the difference, as we have in prior years. This makes maintaining our infrastructure more difficult, but basic service provision levels at our shelters are primary.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Domestic Violence Solutions for SB County

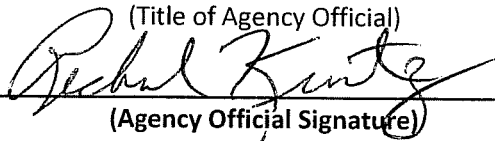
\_\_\_\_\_  
(Name of Agency)

Richard Kravetz

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

  
(Agency Official Signature)

1/26/12

\_\_\_\_\_  
(Date of Signature)

805-963-4458 x19

\_\_\_\_\_  
(Telephone Number of Agency Official)

richardk@dvsolutions.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Claudette Roehrig  
depose and say that I am Co-President  
[insert title, President, Vice President, etc.] of Board of Directors, Domestic  
Violence Solutions, PO Box 1536, Santa Barbara, CA 93102

\_\_\_\_\_ [insert name and address of Agency].

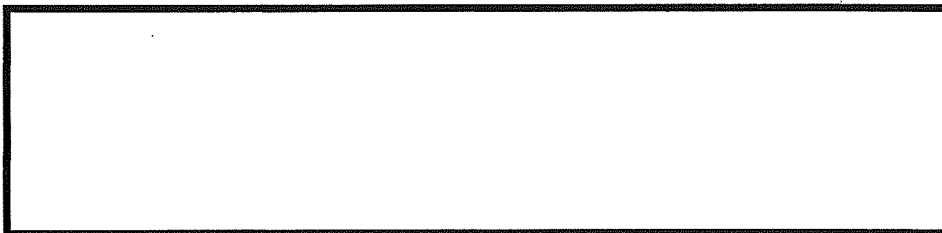
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Aaron Steed</u>	<u>Co-President</u>	<u>6/30/12</u>
2. <u>Cozetta Blow</u>	<u>Vice President</u>	<u>6/30/12</u>
3. <u>Linda Viles</u>	<u>Treasurer</u>	<u>6/30/12</u>
4. <u>Vicki Johnson</u>	<u>Secretary</u>	<u>6/30/12</u>
5. <u>Peter Bezek</u>	<u>Member</u>	<u>6/30/12</u>
6. <u>Judy Egenoff</u>	<u>Member</u>	<u>6/30/12</u>

DATE: 01/26/12

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Claudette Roehrig  
Signature

Claudette Roehrig, Co-President  
Print Name and Title

**Domestic Violence Solutions  
Board of Directors  
Page Two**

<b>Name</b>	<b>Title</b>	<b>Term End</b>
Karyn Fish	Member	6/30/12
Beatriz Flores	Member	6/30/12
Helen Free	Member	6/30/12
Sofie Langhorne	Member	6/30/12
Lupe Luna-Martinez	Member	6/30/12
James Madison	Member	6/30/12z
Joel Ohlgren	Member	6/30/12
Tracy Sanginiti	Member	6/30/12
Liz Seitz	Member	6/30/12
Pam Vander Heide	Member	6/30/12
Beth Weinberg	Member	6/30/12



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

<b>FOR OFFICIAL USE ONLY</b>	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

<b>Total Requested Program Funding by Jurisdiction:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Santa Barbara County	\$ 25,000
	<input type="checkbox"/> Carpinteria	\$ _____
	<input type="checkbox"/> Solvang	\$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Goleta	\$ 7,000
	<input checked="" type="checkbox"/> Lompoc	\$ 7,000
	<input checked="" type="checkbox"/> Santa Maria	\$ 10,000

**Section A – General Program Information Summary**

1. Program Title: Warehouse Operations
2. Brief Summary of the Program: Distribution of food to 7,000 low-income individuals in unincorporated areas through charitable agencies and programs, partnerships with food suppliers and growers.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Unincorporated areas county-wide

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Foodbank of Santa Barbara County
2. Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 4554 Hollister Ave. Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
  - a. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Suzanne Wedow
- b. Relationship to Agency: Grants Manager
- c. Street: Administration and Education Center, 1525 State St. Suite/Apt. # 101
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 967 - 5741 Ext. 107
- f. Fax: (805) 683 - 4951
- g. E-mail: swedow@foodbanksbc.org

6. Name and contact information of Fiscal Agent:

- a. Name: \_\_\_\_\_
- b. Agency / Organization: \_\_\_\_\_
- c. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
- d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Work Phone: ( ) - \_\_\_\_\_ Ext. \_\_\_\_\_
- f. Fax: ( ) - \_\_\_\_\_
- g. E-mail: \_\_\_\_\_

7. Organization's Federal Identification Number (Tax ID #) 77-0169214

8. Agency Organizational DUNS number: 171554140  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 069386



**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

The Foodbank serves low-income individuals and families through its distribution network of 290 nonprofit member agencies and programs serving the entire County. Nineteen of these agencies provide food in the county's unincorporated areas to low-income families and individuals. Of the 102,000 unduplicated individuals who receive food, all are living at or below the federal poverty level; 49% are female and 51% are male; 23% are White, 60% Hispanic, 2% Black/African American, 1 % Asian and 14% other. Forty-four percent of people who receive food assistance are children, ten percent are seniors and 46 percent are working poor, poverty-level families and individuals.

Additionally, the Foodbank's Direct-to-Client programs (Brown Bag for Seniors, Kids Farmer's Market, Healthy School Pantry and Mobile Food Pantry programs) provide nutritious food to low income families and individuals, including nutrition education with an emphasis on healthy food choices and the use of produce in food preparation.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

Twelve percent of the county's entire population lives in poverty and 15.5 percent of the county's children live in poverty-level circumstances. Food insecurity, or not knowing when or where the next meal will be, is a major result of poverty and Santa Barbara County has one of the highest rates of food insecurity in the State. Thirty-nine percent of the County's entire population experiences conditions of food insecurity.

The Foodbank identifies the need for food services within the county through its recently conducted, GAP Analysis. The Foodbank's GAP Analysis is a collaborative study which scientifically compiles demographic data to demonstrate areas in the county that are underserved. The Foodbank uses the data within the GAP Analysis and United States Census Data to determine whether to expand or launch new programs in areas that have gaps of service. The Foodbank works collaboratively with its nonprofit member agencies to track client data to ensure that services do not overlap.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Low income people living in Santa Barbara County's unincorporated areas need access to a variety of nourishing food including fresh produce to maintain a well-balanced diet. By providing food to low-income families and individuals, the Foodbank supplements their limited budgets for food and frees up funds for other basic needs, such as housing, medical costs and transportation. . The Foodbank also provide uniquely designed programs that reach out to areas where traditional food service programs are often unavailable.

As the County's largest hunger-relief organization, the Foodbank is an essential link to those nonprofits that provide food to low-income populations in Santa Barbara's unincorporated areas. Santa Barbara County CDBG funds will help to offset salaries for Foodbank employees working to distribute more than 400,000 pounds of food to 19 member agencies and programs. Nineteen nonprofit organizations are thereby able to supply families, children and seniors with food in unincorporated areas, including Isla Vista in South County and Orcutt, Los Olivos, Los Alamos, Sisquoc, and New Cuyama in North County. Staff also assist with resources for Foodbank's Direct-to-Client programs operating in unincorporated areas: Brown Bag in Orcutt provides bagged groceries to 150 low-income seniors twice monthly; the Mobile Food Pantries deliver food to approximately 100 families in underserved areas in New Cuyama and Sisquoc.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

The Foodbank employs of 38 staff members, 33 of them full-time. Prior to employment employees are screened for appropriate qualifications and informed of the Foodbank's Affirmative Action plan and grievance procedure, as outlined in the Employee Manual. Key Foodbank staff are Erik Talkin, Chief Executive Officer who has been with the organization since 2008. Previously he spent six years as Executive Director of Community Kitchen, a meal program that is part of the Foodbank's network. Ed Schatz, Chief Operating Officer joined the Foodbank in 2011 after a successful career as a business owner and corporate executive. Erin Wilson, Director of Agencies and Programs, has five years of experience developing and managing our Agency Relations Program. She also plays a key role in developing the Foodbank's Direct-to-Client Programs and a network of nonprofit agencies and programs. Serena M. Fuller, Ph a Registered Dietitian, Ph.D. joined the organization in July 2011 and has been instrumental in designing food literacy education programs. These are essential components in the Foodbank's commitment to helping community members achieve higher levels of knowledge about healthy eating and ways to prevent chronic health conditions, ie. obesity and diabetes. Annually, over 500 community volunteers assist the Foodbank in myriad ways to fulfill its mission.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Units of service is the number of pounds of food distributed by the Foodbank to network partners and through Direct-to-Client programs. For 2012-13 we project that 400,000 units of service will be provided to 8,000 low-income individuals living in unincorporated areas of the County.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Outcomes measures for Agency Services include:

(1.) Number of pounds distributed=400,000. Tracked through the Foodbank's database that captures information regarding the number of pounds distributed to partner agencies and the location and demographics of those receiving food. (2)Number of pounds of fresh produce distributed as a percent of total food distributed to low-income individuals.

(3) Number of individuals receiving food as verified by quarterly reports submitted by partner agencies.

(4) Annual survey of specific distribution areas to determine percentages of food needed, increases or decreases compared to previous years, and assess success in closing food gaps due to added distribution services.

(5) Evaluation of participant knowledge of and interest in healthy eating choices.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

The Foodbank charges partner agencies a Shared Maintenance Fee of \$.19 per pound for food that is donated from growers and producers. This fee covers expenses incurred to transport, store and distribute food safely to partner agencies. There is no charge to partner agencies for food received through USDA distribution networks, or for food donated through local food drive campaigns. For food that is purchased we receive reimbursement from partner agencies.

As a member of Feeding America, the Foodbank has national reach, credibility and the capacity to connect with national food distributors to source nutritious food. Through this membership the Foodbank is able to purchase food with an economy of scale so that for every one dollar received nine meals can be purchased. As a result of this important relationship the Foodbank is able to offer qualified member agencies food at a cost they would be unable to afford acting individually.

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### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

---

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

- b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

- c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

Both Foodbank and Agency network members collect race/ethnicity information. Agencies use a specially designed quarterly report form. Their data aren/a tabulated and used for reporting.

### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: n/a
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 8000
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: n/a
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: n/a
- e. **Total persons benefiting from this project:** 8000

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The Foodbanks' operating budget is \$3.5 million. Results of a 2011 Audit reported 16,479,123 in revenues which include government grants, other funding sources, in-kind food contributions (\$13,002,393), contributions from the public, fees, and interest. Foodbank expenses for FY 2011 were 17,021,371 including supporting services. We have no current commitments for ongoing funding. To fund our operations we rely primarily on community giving, foundations, corporations, and state and federal grants for revenue. Foodbank of Santa Barbara County uses a state of the art accounting and inventory system. All payables are current and the agency's financial records are audited on an annual basis by an independent CPA. We are compliant with accepting non-profit accounting standards (FASB).

2. **Federal Grant Experience within past 5 years:**  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	County & City	Warehouse Operations/Capital	2008-09	26,000
CDBG	Brown Bag	Warehouse Operations	2009-10	33,119
CDBG	Warehouse	Warehouse Operations	2010-11	45,000
CDBG	Warehouse	Warehouse Operations	2011-12	46,000

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
07/01/2010-6/30/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

**If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.**

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 12

11. How often does your Board of Directors meet? Bi-Monthly

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. Melissa Petersen is a CPA and non-profit auditor; Paul Visueta is a financial analyst with Rabobank.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

There is a Finance Committee consisting of five trustees with financial expertise who present their review of monthly financial statements to the Board.

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	20,000	22831	25000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	0	0
Other local cities' funds:	1,500	1,545	1,591
County Human Services Program funds:	1,500	1,545	1,591
Other Federal funds:	1,800	1,854	1,909
State funds:	0	0	0
Private trusts and foundation funds:	9,750	10,043	10,344
Donations:	31,470	32,414	33,386
Special fundraising events:	7,500	7,725	7,956
Client fees:	14,220	14,647	15,086
Other funds (explain): <u>Food Donations, United Way, miscellaneous</u>	285,540	285,540	285,540
<b>Total Project Budget:</b>	<b>373,280</b>	<b>378,144</b>	<b>382,403</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	32,850	33,835	34,850
Consultants and Contracts	1,050	1,082	1,114
Facility, Utilities, Maintenance	5,250	5,408	5,570
Telephone, Fax	2,250	2,318	2,387
Supplies			
Postage & Shipping			
Marketing (Printing, Advertising)	6,000	6,180	6,365
Travel, Mileage, Training	960	989	1,018
Equipment Rental/Maintenance	2,130	2,194	2,259
Insurance	1,260	1,298	1,336
Other uses (explain): _____	321,530	331,176	341,111
<b>Total Project Budget:</b>	<b>373,280</b>	<b>384,480</b>	<b>396,010</b>



**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	20,000	22,831	25,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	0	0
Other local cities' funds:	51,000	52,530	54,105
County Human Services Program funds:	39,000	23,842	25,000
Other Federal funds:	53,000	54,490	56,227
State funds:	0	0	0
Private trusts and foundation funds:	319,815	329,409	338,920
Donations:	1,049,055	1,080,527	1,112,942
Special fundraising events:	250,210	257,716	265,447
Client fees:	474,000	488,000	502,866
Other funds (explain): <u>Food donations</u> <u>United Way, Miscellaneous</u>	9,518,000	9,803,540	10,097,646
<b>Total Agency Budget:</b>	<b>11,690,298</b>	<b>11,766,080</b>	<b>11,365,211</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,095,000	1,127,850	1,161,685
Consultants and Contracts	35,000	36,050	37,131
Facility, Utilities, Maintenance	175,000	180,250	185,657
Telephone, Fax	75,000	77,250	77,251
Supplies			
Postage & Shipping			
Marketing (Printing, Advertising)	200,000	206,000	212,000
Travel, Mileage, Training	32,000	32,960	33,948
Equipment Rental/Maintenance	71,000	73,130	75,323
Insurance	42,000	43,260	44,557
Other uses (explain): _____	10,071,000	10,373,130	10,684,323
<b>Total Agency Budget:</b>	<b>11,796,000</b>	<b>12,149,880</b>	<b>12,511,875</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Due to decreased revenue projections the 2012-13 budget revenue will remain somewhat level with projected increased expenses of %3, but program services in terms of what we do and how we serve the community will increase requiring additional volunteers to provide additional program services. This next year the Foodbank will rely increasingly on a "community leadership model" of volunteerism. Larger numbers of volunteers will be recruited to provide the Foodbank with the intellectual and social "capital" necessary to meet the need for a variety of service delivery activities as a result of our commitment to provide food literacy education in our program services.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

The Foodbank will continue to distribute nutritious food to people living in unincorporated areas, however with reported increased demands for food due to the ongoing economic downturn, it is essential that external support from a variety of sources is sustained. The Foodbank conducts an aggressive program of fund raising through individual and mail solicitations, foundation and corporate contributions, special events and government grant applications.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Foodbank of Santa Barbara County

\_\_\_\_\_  
(Name of Agency)

Erik Talkin

\_\_\_\_\_  
(Typed Name of Agency Official)

Chief Executive Officer

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

January 25, 2012

\_\_\_\_\_  
(Date of Signature)

805.967.5741 x 100

\_\_\_\_\_  
(Telephone Number of Agency Official)

etalkin@foodbanksbc.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Frank Abatemarco  
depose and say that I am President  
[insert title, President, Vice President, etc.] of Foodbank of Santa Barbara County  
4554 Hollister Ave., Santa Barbara, CA  
\_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Barry M. Spector</u>	<u>Trustee</u>	<u>2013</u>
2.	<u>Debbie Adam</u>	<u>Trustee &amp; Secretary</u>	<u>2013</u>
3.	<u>Melissa Petersen</u>	<u>Trustee &amp; Treasurer</u>	<u>2012</u>
4.	<u>Peter Brown</u>	<u>Trustee</u>	<u>2014</u>
5.	<u>Allan Ghitterman</u>	<u>Trustee</u>	<u>2012</u>
6.	<u>George Thurlow</u>	<u>Trustee</u>	<u>2013</u>

DATE: January 25, 2012

AT: Los Olivos, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

*Frank Abatemarco*  
Signature

Frank Abatemarco, President  
Print Name and Title

Foodbank of Santa Barbara County—Board of Trustees-Continued

Name	Title	Term Expires
Bob Lawrence	Trustee	2014
John La Puma, M.D.	Trustee	2014
Jim Stollberg	Trustee	2013
Paul Visueta	Trustee	2014
Kathleen	Trustee	2014

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

<b>FOR OFFICIAL USE ONLY</b>	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- |  |  |                  |
|--|--|------------------|
| <input checked="" type="checkbox"/> Santa Barbara County |  | \$ <u>18,000</u> |
| <input checked="" type="checkbox"/> Carpinteria          |  | \$ <u>10,000</u> |
| <input type="checkbox"/> Solvang                         |  | \$ _____         |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- |  |  |                 |
|--|--|-----------------|
| <input checked="" type="checkbox"/> Goleta |  | \$ <u>8,000</u> |
| <input type="checkbox"/> Lompoc            |  | \$ _____        |
| <input type="checkbox"/> Santa Maria       |  | \$ _____        |

**Section A – General Program Information Summary**

1. Program Title: Adult Day Services Program
2. Brief Summary of the Program: Friendship Center's adult day services allow aging and dependent adults to continue living independently as long as possible while supporting their family caregivers.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Goleta, Santa Barbara, Carpinteria

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Friendship Adult Day Care Center, Inc.
2. Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 89 Eucalyptus Lane Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93108
4. Mailing Address (if different from above):
  - a. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Heidi Holly
- b. Relationship to Agency: Executive Director
- c. Street: 89 Eucalyptus Lane Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93108
- e. Work Phone: (805) 969-0859 Ext. \_\_\_\_\_
- f. Fax: (805) 565-3828
- g. E-mail: heidi@friendshipcentersb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Harvey Wolf, Board of Directors' CFO
- b. Agency / Organization: Attorney
- c. Street: 1114 State St. Suite # 200
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 966-1671 Ext. \_\_\_\_\_
- f. Fax: ( ) -
- g. E-mail: harvey@harveywolf.com

7. Organization's Federal Identification Number (Tax ID #) 95-3398938

8. Agency Organizational DUNS number: 170-944367  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # CT-037419



**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

The population served by Friendship Center are dependent adults, whether they be elders or others with cognitive disabilities, and their family caregivers. The term “members” is used in reference to the participants in our day services program. The majority of members have Alzheimer’s disease, while others have related cognitive disorders or conditions related to aging, with an increasing number of developmentally disabled adults as this population ages. Ages range from 55 to 99, with an average of 83.

As important as services provided to participants in our program are those received by their caregivers. Approximately 50% are adult children with full-time jobs and families of their own, while others are spouses or friends who themselves may be elderly. Respite allows caregivers the time and peace of mind to meet other responsibilities.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

- Enlivening activities and social interaction reduce loneliness, anxiety and depression and often delay or prevent the need for long-term care or institutionalization
- A safe, secure, and nurturing environment with an on-site nurse and counselor and warm nutritious meals promotes physical & mental health and can prevent self neglect or possible elder abuse.
- Respite from the stress and demands of caregiving allows caregivers time to rest, attend to their own well-being and to fulfill other responsibilities such as jobs and families, thus supporting their ability to care for their loved ones, who are then able remain at home as long as possible.

Friendship Center reviews studies and literature regarding the needs of dependent elders and their caregivers to shape its programs. Without Friendship Center, many families would be forced to prematurely institutionalize their loved ones or to hire expensive in-home caregivers.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Funding will be used to support Friendship Center's adult day services program, serving families in South Santa Barbara County who are caring for aging and dependent adult loved ones. Of the families we serve, 77% qualify as low- to moderate-income.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

All aspects of Friendship Center are supervised by its Executive Director, with Social Services staff at the Santa Barbara and Goleta sites handling intake and assessments of new participants, as well as supervising the adult day services program. Program Manager (SB) and Program Coordinator (Goleta) oversee day-to-day activities and care of participants, supervising eight permanent and several on-call Program Specialists. The Operations Manager is responsible for the facility and other matters of daily operations, Grants & Development Coordinator manages grants, planning of fundraising events and other development activities, and Administrative Assistant provides administrative support to all staff. The Kitchen Manager coordinates the preparation and serving of breakfast, lunch, and afternoon snack to all participants at the Santa Barbara site, and the Program Coordinator carries out this task at the Goleta center with the assistance of Program Specialists.

A registered nurse on staff divides her time between the two sites, and a bookkeeper is employed on a contract basis, spending approximately half a day in the office per week.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

In addition to number of individuals served, measurable units of service provided by the adult day services program include hours of care for participants, hours of respite for caregivers, and meals served to participants.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

In FY2012-13:  
Friendship Center will provide 86,000 hours of day services to 380 elders and dependent adults.  
Friendship Center will provide 199,000 hours of respite to 950 family caregivers.  
Friendship Center will provide 29,500 nutritious meals (breakfast, lunch, and afternoon snack) to 380 elders and dependent adults.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

Friendship Center is dedicated to providing affordable care, so our Social Services staff works with each family to agree upon a daily fee according to their income level, with a minimum of \$30 per day.

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### Section D – Beneficiary Information

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Elderly persons

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 1330
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: N/A
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 1330

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Friendship Center’s current operating budget is \$1,396,000. Only approximately 44% of this amount is covered by participant contributions. The rest must be raised to meet its operating expenses. Revenue comes from local and state government, foundations, fundraising, and donations. We have an established history of ongoing funding from various foundations, and a small but loyal donor base. Our grants also require the ability to collect, report upon, and evaluate data. One audit is conducted each year by an independent auditor, to General Accepted Auditing Standards. Our bookkeeper handles all aspects of accounts payable and financial reporting, and is liaison with Friendship Center’s Finance Committee.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
City of S.B. CDBG	Adult Day Services	Support for adult day services pro	3/22/11	\$20,000
City of Goleta Cl	Adult Day Services	Support for adult day services pro	9/13/11	\$4,254
City of S.B. CDBG	Adult Day Services	Support for adult day services pro	3/24/10	\$22,000
City of Goleta Cl	Adult Day Services	Support for adult day services pro	10/15/10	\$4,895

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
July 2010- June 11 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 17

11. How often does your Board of Directors meet? At least 7 per year

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. Harvey Wolf, Attorney--CFO  
Mark Jackson, CPA--member, Board of Directors

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.  
Nate Cultice, Castle Wealth Planning--962-5630; 1105 Chapala St., Suite 4, Santa Barbara CA 93101  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	0	0	\$28,000
CDBG funds requested for this program from other jurisdictions	\$26,895	\$24,700	\$32,000
Other local cities' funds:	0	0	0
County Human Services Program funds:	\$22,674	\$22,500	0
Other Federal funds:	0	0	0
State funds:	\$35,514	\$23,500	\$26,500
Private trusts and foundation funds:	\$304,097	\$306,000	\$170,260
Donations:	\$56,596	\$63,000	\$45,900
Special fundraising events:	\$102,495	\$90,000	\$76,500
Client fees:	\$680,309	\$820,000	\$610,000
Other funds (explain): <u>United Way, Interest/divi realized/unrealized losses, in-kind contribu</u>	\$392,810	\$46,300	\$42,840
<b>Total Project Budget:</b>	<b>\$1,621,390</b>	<b>\$1,396,000</b>	<b>\$1,423,000</b>

*+140,000  
2012*

*(circled)*

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	711,651	886,900	932,900
Consultants and Contracts	63,104	56,000	58,020
Facility, Utilities, Maintenance	31,448	98,200	99,750
Telephone, Fax	14,703	19,000	19,340
Supplies	81,704	101,200	103,040
Postage & Shipping	38,225	19,000	18,320
Marketing (Printing, Advertising)	53,029	65,300	66,210
Travel, Mileage, Training	7,042	12,800	12,470
Equipment Rental/Maintenance	32,216	35,000	36,700
Insurance	18,325	53,000	57,950
Other uses (explain): <u>Depreciation, In-Kind Contributions</u>	106,049	49,600	18,300
<b>Total Project Budget:</b>	<b>1,157,496</b>	<b>1,396,000</b>	<b>1,423,000</b>



**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	Program & agency	are the same, so	only one budget.
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:			
Other funds (explain): _____ _____ _____			
<b>Total Agency Budget:</b>			

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes			
Consultants and Contracts			
Facility, Utilities, Maintenance			
Telephone, Fax			
Supplies			
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training			
Equipment Rental/Maintenance			
Insurance			
Other uses (explain): _____ _____ _____			
<b>Total Agency Budget:</b>			

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The economic downturn of recent years has caused a drop in funding from foundations and private donations. However, Friendship Center is making every effort to overcome these obstacles by diversifying its funding sources. Contracts with Veterans Administration and Tri-Counties Regional Center augment the organization's revenue by covering the costs of services for qualified clients.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

With reduced funding, Friendship Center would have to ask for a higher level of participant contributions to cover costs. This would be a hardship for low- to moderate-income families we serve. In addition, reduced funding may mean having to adjust the staff-to-participant ratio from the current 1:6 to 1:8. While the 1:8 ratio still meets state licensing requirements, we feel it is always better when possible to maintain a higher ratio. Currently, there is a plan to undertake more outreach and increase services to the residents of Carpinteria, including transportation services to the Montecito center. With reduced funding, we may have to delay or abandon this plan.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Friendship Adult Day Care Center, Inc.

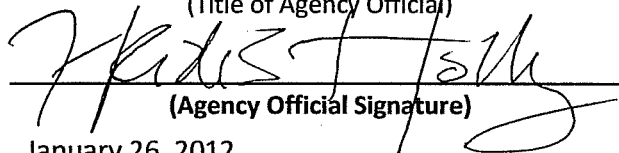
\_\_\_\_\_  
(Name of Agency)

Heidi S. Holly

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

January 26, 2012

\_\_\_\_\_  
(Date of Signature)

805-969-0859

\_\_\_\_\_  
(Telephone Number of Agency Official)

heidi@friendshipcentersb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Martin Moore  
depose and say that I am President of Board of Directors  
[insert title, President, Vice President, etc.] of Friendship Adult Day Care Center, Inc  
89 Eucalyptus Lane, Santa Barbara, CA 93108

\_\_\_\_\_ [insert name and address of Agency].

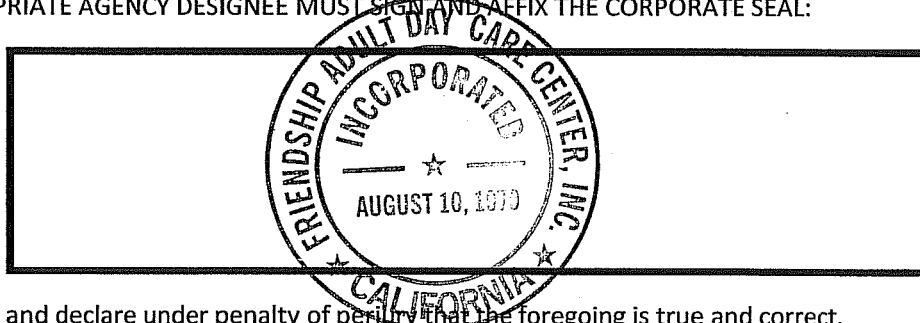
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Roger Aceves</u>	<u>Vice President</u>	<u>2012</u>
2.	<u>Dana VanderMey</u>	<u>Secretary</u>	<u>2012</u>
3.	<u>Harvey Wolf</u>	<u>Chief Financial Officer</u>	<u>2014</u>
4.	<u>David Borgatello</u>	<u>Member-at-large</u>	<u>2013</u>
5.	<u>Sue Adams</u>		<u>2014</u>
6.	<u>Inge Gatz</u>		<u>2012</u>

DATE: January 11, 2012

AT: Santa Barbara, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

[Handwritten Signature]  
Signature

MARTIN L. MOORE, PRESIDENT  
Print Name and Title

Friendship Center Board of Directors (*continued*):

<b>Name</b>	<b>Term expires</b>
Karolyn Hanna	2013
Vangie Herrera	2012
Mark Jackson, CPA	2014
Ken Jewesson	2013
Kathy Marden, MFCC	2014
David Medina, MD	2014
Tony Mendesh, MD	2014
Susan Plummer, MFT, Ph.D.	2014
Joanne Talbot, MFT, RN	2013
Carolyn Tulloh	2012





Sylvia,  
Jack

COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Project Proposal for Program Year 2012-2013

**Total Requested Program Funding by Jurisdiction:**  
(Check all that apply)

<input checked="" type="checkbox"/> Santa Barbara County	\$ 50,000
<input type="checkbox"/> Carpinteria	\$ _____
<input type="checkbox"/> Solvang	\$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

<input type="checkbox"/> Goleta	\$ _____
<input checked="" type="checkbox"/> Lompoc	\$ 50,000
<input checked="" type="checkbox"/> Santa Maria	\$ 20,000

**Section A – General Program Information Summary**

1. Program Title: Bridgehouse
2. Brief Summary of the Program: Emergency Shelter for homeless individuals and families in Lompoc.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Lompoc

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Good Samaritan Shelter
2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
3. Address of Organization:
  - a. Street: 245 E. Inger Drive Suite # 103B
  - b. City: Santa Maria State: CA Zip: 93454
4. Mailing Address (if different from above):
  - a. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Sylvia Barnard
- b. Relationship to Agency: Executive Director
- c. Street: 245 E. Inger Drive Suite/Apt. # 103B
- d. City: Santa Maria State: CA Zip: 93454
- e. Work Phone: (805) 331-0877 Ext. \_\_\_\_\_
- f. Fax: (805) 346-8656
- g. E-mail: goodsamshelter@gmail.com

6. Name and contact information of Fiscal Agent:

- a. Name: Jack Boysen, CFO
- b. Agency / Organization: Good Samaritan Shelter
- c. Street: 245 E. Inger Drive Suite # 103B
- d. City: Santa Maria State: CA Zip: 93454
- e. Work Phone: (805) 361-0759 Ext. \_\_\_\_\_
- f. Fax: (805) 346-8656
- g. E-mail: goodsamaritanshelter@gmail.com

7. Organization's Federal Identification Number (Tax ID #) 77-0133375

8. Agency Organizational DUNS number: 023282457  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 066259



**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

Good Samaritan Shelter (GSS) intends to serve homeless individuals and families from the Lompoc Valley community at Bridgehouse. Up to 80% of homeless adults to be served will suffer from drug & alcohol addiction (currently or formerly) and 40% of homeless adults will have some type of mental health issue. Homeless families and individuals to be served will not have any other housing resources to rely upon, and up to 75% of homeless adults may not have employment. GSS anticipates that 50% of the homeless population to be served will be homeless individuals (adults) and the remaining 50% of the population will be families. Based on HUD's definition, and that of the Santa Barbara County Bringing Our Community Home (BOCH), GSS anticipates up to 60% of the homeless population to be served at Bridgehouse are considered chronically homeless.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

On Tuesday, January 17th, the former shelter operator of Bridgehouse in Lompoc shut down the two shelters in the Lompoc community that they operated. The closing of the shelters left several dozen homeless from the Bridgehouse out on the streets, and we know that there are more homeless individuals and families that were displaced in Lompoc as a result of being denied services at the local shelters just weeks prior to the closing of the two programs. The Lompoc Record, Santa Maria Times, KCOY, KSBY, KEYT, Santa Maria Sun, Santa Barbara News-Press and Santa Barbara Independent all followed this story closely and covered the breaking news to the public.

The reopening of the Bridgehouse meets a large unmet community need as it is the only emergency shelter serving the community of Lompoc and the surrounding valley. GSS was able to successfully reopen Marks House but the purpose of that program is to provide transitional housing for homeless families, not emergency housing. GSS is also working in partnership with Newlife Christian Church to operate the warming shelter as an emergency shelter on a temporary basis, but this is not a long term solution for the homeless in the Lompoc Valley. Staffing is limited to volunteers and professional staff have been provided by ADMHS, Public Health, DSS and Good Samaritan Shelter but it is not enough based on the needs of the homeless. Case management is also not currently funded for the services at the Warming Center, which is a critical component in getting homeless to housing. The funding of Bridgehouse is vital at this point in time in order to resolve the shelter crisis in the Lompoc community.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

GSS proposes to use these grant funds towards the operations of Bridgehouse should Good Samaritan Shelter be selected as the Interim Shelter Provider in Lompoc by the County of Santa Barbara. Bridgehouse is a 56 bed Emergency Shelter that provides three meals (dinner, breakfast & brown bag lunch) and a bed night to each homeless person coming into the facility. Based on the homeless count that occurred at the end of February 2011, statistics proved that Lompoc has the second largest homeless family population in Santa Barbara County behind Santa Maria. The hours of Bridgehouse will be from 4 pm - 8 am every day, 365 days per year. Support services to be provided by Good Samaritan Shelter include case management, hygiene kits, laundry facilities, new clothes, mailing address, and three meals per day. In partnership with collaborating agencies, GSS anticipates medical assessments & referrals to be conducted by the SB County Public Health Department, mental health assessments & referrals to be conducted by SB County ADMHS, benefits assessments to be provided by SB County Department of Social Services, and educational assessments & referrals for homeless children to be conducted by SB County Department of Education. The \$50,000 CDBG Public Services grant will be used for direct operational costs (i.e. salaries, maintenance & repairs, utilities, etc.).

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

The plan for shelter operations includes providing a staffing level that is adequate for a 56-bed shelter. The staffing matrix is included on the attached budget document, and includes a Shelter Manager, Case Manager, Assistant Manager and 2.5 FTE Shelter Workers. Basic shelter staffing that is necessary are shelter workers and a Shelter Manager to ensure that the shelter operates with the safety of all clients in mind, but case management resources are vital to move homeless individuals and families out of homelessness and into self-sufficiency. GSS currently has 38 full-time employees and 15 part-time employees within the entire agency. In addition, GSS has approximately 500+ volunteers that provide more than 10,000 volunteer hours per year throughout the entire agency. GSS has worked hard to build our administrative capacity so that we can ensure to sustain programs and meet the administrative requirements of many of our funders. Good Samaritan Shelter does have a personnel policy manual that includes an affirmative action plan and grievance policy.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

The anticipated number of units for Bridgehouse would be 56 beds x 365/ year = 20,440 bed nights and 20,440 bed nights x 3 meals/ day = 61,320 meals/ year.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Considering that case management will be funded for this operation, the following outcomes will be used to determine how the shelter is performing:

- 50% of adults will improve their job skills and/ or education
- 100% of school-aged children will be enrolled & attending school
- 50% of families completing the program will be placed in permanent housing
- 100% of adults will be randomly drug tested & referred to treatment as necessary
- 100% of adults in the program will receive basic life skills

Good Samaritan Shelter uses a database system called Social Systems (aka ETO) that is able to track outcomes on clients through data that is submitted by shelter staff and case management. GSS also enters in all required data into the HMIS system so that the SB County's Continuum of Care has the baseline data necessary to secure funding for shelter programs throughout the county.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

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**Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

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2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: n/a
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: n/a
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 2044
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: n/a
- e. **Total persons benefiting from this project:** 250

**Section E - Financial Information**

1. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

GSS operates on a total annual budget of \$2.7 million. Approximately 2/3 of funding is received from the County of Santa Barbara. Federal funding and private contributions from individuals and foundations round out the remaining 1/3. Of the annual budget, shelter operations account for half of all expenditures with drug and alcohol treatment services responsible for the remainder. 2/3 of GSS expenses are salary and benefits. GSS fiscal management is lead by Jack Boysen, CFO and Christine Smith, Controller. An accounting staff of 5 provides day to day record keeping via a computerized accounting system and database system. These systems also provide the basis for GSS' annual cost reporting requirements.

2. Federal Grant Experience within past 5 years:  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
FESG	Transitional Center	Transitional Housing	11/1/2010	\$200,000/ 2 yrs
ESG	Emergency Shelter	Emergency Shelter	7/1/2011	\$50,000/ yr
VA	Emergency Shelter	Veteran Beds	11/1/2010	\$100,000/ yr
HUD	Clean & Sober Living	Clean & Sober Living Beds	7/1/2011	\$17,450/ yr

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30th
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
7/2009 - 6/2010 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 11

11. How often does your Board of Directors meet? monthly

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. Several Board members are local business leaders with significant financial experience.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Carrie Troup, CPA -auditor-carrie@trouppca.com

Clarence Cabreros-Senior Vice President-Heritage Oaks Bank-ccabreros@heritageoaksbank.com

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:		75000	50000
CDBG funds requested <u>for this program</u> from other jurisdictions			10000
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			100000
State funds:			
Private trusts and foundation funds:		20000	40000
Donations:		2830	6949
Special fundraising events:		3000	10000
Client fees:			
Other funds (explain): <u>ADMHS &amp; PH</u>			25000
<b>Total Project Budget:</b>		<b>100830</b>	<b>241949</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes		56767	136240
Consultants and Contracts			
Facility, Utilities, Maintenance		11250	27000
Telephone, Fax		2500	6000
Supplies		10417	25000
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training		3813	9150
Equipment Rental/Maintenance			
Insurance		2917	7000
Other uses (explain): <u>administration</u>		13166	31599
<b>Total Project Budget:</b>		<b>100830</b>	<b>241949</b>



**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			
CDBG funds requested for this program from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:	180071	213361	213361
Other Federal funds:	1563501	1274330	1274330
State funds:	399274	399274	399274
Private trusts and foundation funds:	95000	125000	125000
Donations:	130633	145000	145000
Special fundraising events:			
Client fees:	233157	225000	225000
Other funds (explain): _____ other county funds _____	933069	937985	937985
<b>Total Agency Budget:</b>	<b>3534705</b>	<b>3319950</b>	<b>3319950</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1774562	1791564	1791564
Consultants and Contracts	75432	75000	75000
Facility, Utilities, Maintenance	349108	325000	325000
Telephone, Fax	38244	40000	40000
Supplies	628866	704041	704041
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training			
Equipment Rental/Maintenance			
Insurance	95441	80000	80000
Other uses (explain): depreciation-235,905 interest-68,440	304345	304345	304345
<b>Total Agency Budget:</b>	<b>3265998</b>	<b>3319950</b>	<b>3319950</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Good Samaritan Shelter (GSS) anticipates stable funding over the next three years with minimal increases in services in the Santa Maria locations. Increases to homeless services in the Lompoc area could increase service outlays to that area by as much as 50%.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

Without CDBG funding these services would not be able to be provided.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Good Samaritan Shelter

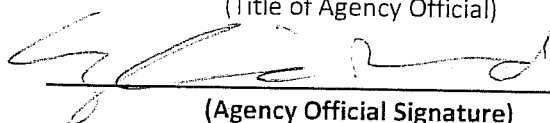
\_\_\_\_\_  
(Name of Agency)

Sylvia Barnard

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

1/27/2012

\_\_\_\_\_  
(Date of Signature)

(805)331-0877

\_\_\_\_\_  
(Telephone Number of Agency Official)

goodsamshelter@gmail.com

\_\_\_\_\_  
(Email address of Agency Official)



**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Tom Jenkins  
depose and say that I am Board President

[insert title, President, Vice President, etc.] of Good Samaritan Shelter  
245 E. Inger Drive, Santa Maria, CA 93454

\_\_\_\_\_ [insert name and address of Agency].

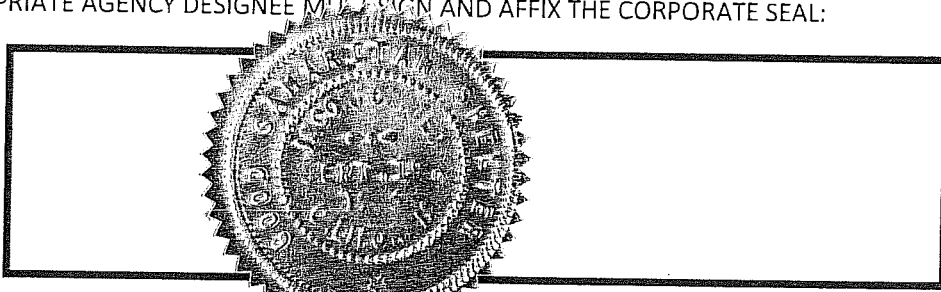
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. See Attached		
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: January 26, 2012

AT: Santa Maria, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

[Handwritten Signature]  
Signature

Tom Jenkins, Board President  
Print Name and Title



CHECKLIST OF REQUIRED DOCUMENTS

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**



#15

# COUNTY OF SANTA BARBARA HOUSING AND COMMUNITY DEVELOPMENT CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

ELLEN

Total Requested Program Funding by Jurisdiction:  
(Check all that apply)

- Santa Barbara County \$ 21,500
- Carpinteria \$ \_\_\_\_\_
- Solvang \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ \_\_\_\_\_
- Lompoc \$ \_\_\_\_\_
- Santa Maria \$ \_\_\_\_\_

### Section A – General Program Information Summary

- Program Title: Housing Advocacy Project (HAP)
- Brief Summary of the Program: HAP assists people living at poverty level or those on fixed income elderly & disabled living in unincorporated areas of SB County facing rental discrimination, re
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) Santa Barbara County Unincorporated

### Section B – General Applicant Information

- Legal Name of Applicant Organization: Legal Aid Foundation of Santa Barbara County
- Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
- Address of Organization:
  - Street: 301 E. Canon Perdido Street Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93101
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



5. Person to Contact Regarding this Application:

- a. Name: Niki Richardson
- b. Relationship to Agency: Development Director
- c. Street: 301 E. Canon Perdido Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963-6754 Ext. 109
- f. Fax: (805) 963-6756
- g. E-mail: nricahrdson@lafsb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Ellen Goodstein
- b. Agency / Organization: Legal Aid Foundation of Santa Barbara County
- c. Street: 301 E. Canon Perdido Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963-6754 Ext. 103
- f. Fax: (805) 963-6756
- g. E-mail: egoodstein@lafsb.org

7. Organization's Federal Identification Number (Tax ID #) 95-2112634

8. Agency Organizational DUNS number: 116503483  
*(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)*

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 007118

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

Those in danger of eviction, of becoming homeless, those currently homeless, those facing housing discrimination or habitability disputes.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

The Housing Advocacy Project (HAP) will address a need in Santa Barbara County to provide education, advice, counsel and representation on tenant's rights to those in danger of eviction, of becoming homeless, those currently homeless, those facing housing discrimination or habitability disputes.

Over the past five years, the need for housing related services has increased. In the current economic climate, we have encountered an increase in demand for advice, counsel and representation in housing related cases. With the dramatic surge in the number of housing foreclosures, more and more tenants in homes subject to foreclosure proceedings are needing legal assistance.

Each day Legal Aid receives calls and assists both individuals and families in danger of becoming homeless seeking help in fighting evictions or with other housing related problems. Housing problems are generally solved through advice and counsel, negotiation or mediation. Litigation is a last resort. We are committed to helping more of those in need and impacting this critical area of social service.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

This project will provide housing legal services to individuals/families in the unincorporated areas of Santa Barbara County and monthly outreach at homeless shelters.

Clients will receive one-on-one advice-only or representation from a staff attorney. Advice-only could consist of advising a client how to deal with habitability issues from asking a landlord for repair to withholding rent and making the repair. Representation includes negotiating with landlords on behalf of tenants, preparation of court documents and representation in court particularly where eviction is a result of discrimination or retaliation by the landlord. If litigation is required, a Legal Aid lawyer would provide in-court representation defending the tenant against eviction

Staff attorneys will conduct 3 community forums in the target population area to educate residents on tenant's rights.

Residents of homeless shelters will be screened to ensure they receive entitled benefits such as Social Security disability, child support etc. which could stabilize their income and allow them safe and habitable shelter. Requested funds will be used to pay for a portion of attorneys' salaries to provide housing legal services.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Legal Aid (LAFSBC) staff for this project includes Alexander Lambrous, Director of Litigation, Santa Barbara office, (F/T); Tanya Villegas, Staff Attorney, Santa Maria office, (F/T), and Brandi Redman, senior staff attorney, Santa Barbara office (F/T). Each is an experienced attorney with 15, 2 and 5 years housing experience, respectively, serving the low income. Jennifer Loren, is our bookkeeper, (P/T), and has been with LAFSBC for 2 year but has previous non-profit experience. Our staff is well qualified to carry out the activities of this grant request. LAFSBC has a Personnel Policy, an affirmative action plan, and grievance policy, all available upon request.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

We measure unit of service by the number of clients served.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

We measure success by the number of people we are able to keep from becoming homeless, or from losing their Section 8 vouchers or from becoming victims of landlords who refuse to correct intolerable living conditions or engage in housing discrimination; by the number of people who obtain disability benefits, veteran's benefits, or health benefits that were denied or terminated.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

We do not charge any fees, however we suggest a donation amount of \$20 - however no one is turned away due to inability to pay this donation.

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## Section D – Beneficiary Information

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

Low/Moderate Income Area Benefit (LMA)

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

Low/Moderate Income Limited Clientele (LMC)

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

All the above - seniors aged 60 and above.

---

## 2. Ethnicity and Race

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: n/a
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: n/a
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: n/a
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: n/a
- e. **Total persons benefiting from this project:** 225

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Private funding and State bar funding has dramatically been reduced. We have received over 40% reduction in grant awards from two of our biggest funders. In recognition of our reliance on foundation grants we are taking measures to implement programs that in the future will diversity our income stream. To this end we worked with a consultant during the last quarter of last year to implement a major gifts program. We hosted a very successful fundraiser which far exceeded our expectations and brought in unrestricted dollars in the form of cash and multi-year pledges, putting us on the path to long term cash flow stability.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
		see attached schedule		

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
July 2010 - June 2011 (in works)(Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 15

11. How often does your Board of Directors meet? monthly

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. \_\_\_\_\_

Our treasurer is a CPA at a major accounting firm in Santa Barbara.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.



**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	15,991	4,566	21,500
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:	1,225	2,000	2,000
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:			
Other funds (explain): <u>Bar Grant</u>	4,000	1,278	1,000
<b>Total Project Budget:</b>	<b>21,216.00</b>	<b>7,844.00</b>	<b>24,500.00</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	16,761.73	3,862.00	17,520.00
Consultants and Contracts	378	350	4,100
Facility, Utilities, Maintenance	1,531	450	450
Telephone, Fax	363	150	200
Supplies	348	125	325
Postage & Shipping	122	105	400
Marketing (Printing, Advertising)	200	350	350
Travel, Mileage, Training	215	400	300
Equipment Rental/Maintenance	650	300	300
Insurance	437	400	555
Other uses (explain): _____			
<b>Total Project Budget:</b>	<b>21,005.73</b>	<b>6,492.00</b>	<b>24,500.00</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	15,991	4,566	21,500
CDBG funds requested for this program from other jurisdictions			
Other local cities' funds:	148,270	168,270	150,000
County Human Services Program funds:	108,400	61,813	61,813
Other Federal funds:	266,362	669,944	669,844
State funds:	205,169	210,910	215,000
Private trusts and foundation funds:	169,000	168,500	169,000
Donations:	91,400	70,000	75,000
Special fundraising events:	70,800	72,000	75,000
Client fees:	7,500	7,500	5,000
Other funds (explain): <u>United Way</u>	500	500	500
<b>Total Agency Budget:</b>	<b>1,083,392</b>	<b>1,433,906</b>	<b>1,450,840</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	877,893	1,063,525	1,113,525
Consultants and Contracts	65,300	95,225	95,225
Facility, Utilities, Maintenance	49,760	63,324	63,324
Telephone, Fax	9,230	12,673	12,673
Supplies	11,800	19,702	19,702
Postage & Shipping	3,500	3,500	3,500
Marketing (Printing, Advertising)	3,700	4,000	4,000
Travel, Mileage, Training	10,916	18,215	18,215
Equipment Rental/Maintenance	14,500	18,200	18,200
Insurance	10,419	12,632	12,632
Other uses (explain): <u>all other</u>	56,899	90,497	90,497
<b>Total Agency Budget:</b>	<b>1,113,917</b>	<b>1,401,493</b>	<b>1,451,493</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Private funding and State bar funding has dramatically been reduced. We have received over 40% reduction in grant awards from two of our biggest funders. In recognition of our reliance on foundation grants, we are taking measures to implement programs that in the future will diversify our income stream. To this end we worked with a consultant during the last quarter of last year to implement a major gifts program. We hosted a very successful fundraiser which far exceeded our expectations and brought in unrestricted dollars in the form of cash and multi-year pledges putting us on the path to long term cash flow stability.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

With a reduced award, we will be forced to serve fewer people. Our cumulative statistics for half a year indicate an increased demand for help. The need is great and we really don't want to turn anyone away.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Legal Aid Foundation of Santa Barbara County

\_\_\_\_\_  
(Name of Agency)

Ellen Goodstein

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

*Ellen Goodstein*

\_\_\_\_\_  
(Agency Official Signature)

1/17/2012

\_\_\_\_\_  
(Date of Signature)

805-963-6754 z103

\_\_\_\_\_  
(Telephone Number of Agency Official)

egoodstein@lafsb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Garry Tetalman  
depose and say that I am President  
[insert title, President, Vice President, etc.] of Legal Aid Foundation of Santa  
Barbara Foundation

\_\_\_\_\_ [insert name and address of Agency].

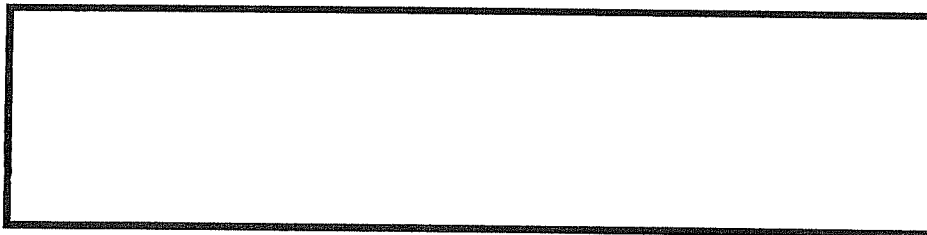
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>James Shipley</u>	<u>Vice President</u>	<u>6/30/12</u>
2. <u>Amy Steinfeld</u>	<u>Secretary</u>	<u>6/30/12</u>
3. <u>Gordon Roberts</u>	<u>Treasurer</u>	<u>6/30/12</u>
4. <u>Barbara Tzur</u>	_____	_____
5. <u>Lynn Goebel</u>	_____	_____
6. <u>Saji Dias Gunawardane</u>	_____	_____

DATE: 1/18/2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Garry Tetalman  
Signature

Garry Tetalman, President of the Board  
Print Name and Title

**Board of Directors**  
**Legal Aid Foundation of Santa Barbara County**  
Updated 01/18/2012

Offices:

301 E. Canon Perdido Street, Santa Barbara, CA 93101  
301 S. Miller Street, Ste. 121, Santa Maria, CA 93454  
106 S. "C" Street, Ste. C, Lompoc, CA 93436

Phone 963-6754  
Phone 922-9909  
Phone 736-6582

Fx 963-6756  
Fx 347-4494  
Fx 740-2773

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**Garry M. Tetelman (04/04)**  
**President**  
Attorney  
The Law Office of Garry M.  
Tetelman

**Saji Dias Gunawardane**  
(06/07)  
Attorney  
The Law Office of Saji D.  
Gunawardane

**James C. Shipley (11/09), Vice**  
**President**  
Attorney  
Stockwell, Harris, Woolverton &  
Muehl

**Thomas Hinshaw (08/11)**  
Attorney  
Superior Court of Santa Barbara  
County

**Amy Steinfeld (01/08)**  
**Secretary**  
Attorney  
Brownstein, Hyatt, Farber &  
Schreck

**Martin Rose (11/11)**  
Santa Barbara County Sheriff's  
Department  
Special Duty Deputy to  
Sergeant

**Gordon E. Roberts (08/11)**  
**Treasurer**  
Certified Public Accountant  
Berti Spechler Sarmiento  
McKay & Co.

**Maria Salido Novatt (04/11)**  
Senior Deputy County Counsel,  
Santa Barbara

\*\*\*\*\*  
**Thomas Garcia (05/11)**  
Senior Counsel  
Decker Outdoor Corporation

**Alexander E. Saunders (01/11)**  
Attorney  
The Law Offices of Alexander  
Edward Saunders

**Allan Ghitterman (08/04)**  
Attorney  
Ghitterman, Ghitterman & Feld

**Phil Sinco (10/02)**  
Deputy City Attorney in Santa  
Maria

**Lynn E. Goebel (01/07)**  
Attorney  
The Law Offices of Lynn E.  
Goebel

**Barbara Tzur (08/03)**  
President  
Brylen Technologies Inc.

**Michael Vidal (06/11)**  
Vice President  
Wells Fargo Bank

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



#16

COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

Total Requested Program Funding by Jurisdiction:

(Check all that apply)

- Santa Barbara County \$ 20,000.00
- Carpinteria \$ \_\_\_\_\_
- Solvang \$ 2,000.00

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ \_\_\_\_\_
- Lompoc \$ 20,000.00
- Santa Maria \$ 20,000.00

Section A – General Program Information Summary

1. Program Title: North County Rape Crisis & Child Protection Center

Brief Summary of the Program: Educate the community to be aware of and less likely to be victimized by sexual assault/child abuse; provide immediate and ongoing assistance to those in crisis.

3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Northern Santa Barbara County

Section B – General Applicant Information

1. Legal Name of Applicant Organization: North County Rape Crisis & Child Protection Center

2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)

3. Address of Organization:

- a. Street: 511 East Ocean Ave. Suite # \_\_\_\_\_
- b. City: Lompoc State: CA Zip: 93436

4. Mailing Address (if different from above):

- a. Street: P.O. Box 148 Suite # \_\_\_\_\_
- b. City: Lompoc State: CA Zip: 93438



5. Person to Contact Regarding this Application:

- a. Name: Shannon Rose Chavez
- b. Relationship to Agency: Executive Director
- c. Street: P.O. Box 148 Suite/Apt. # \_\_\_\_\_
- d. City: Lompoc State: CA Zip: 93438
- e. Work Phone: (805) 736-8535 Ext. 204
- f. Fax: (805) 736-8913
- g. E-mail: schavez83@verizon.net

6. Name and contact information of Fiscal Agent:

- a. Name: Karin L Powers
- b. Agency / Organization: North County Rape Crisis & Child Protection Center
- c. Street: P.O. Box 148 Suite # \_\_\_\_\_
- d. City: Lompoc State: CA Zip: 93438
- e. Work Phone: (805) 736-8535 Ext. 202
- f. Fax: (805) 736-8913
- g. E-mail: karinpowers@verizon.net

7. Organization's Federal Identification Number (Tax ID #) 95-2994637

8. Agency Organizational DUNS number: 792937211 & 839614732  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 1500

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

North County Rape Crisis & Child Protection Center benefits every member of the community who is in need of support, information, or direct services regarding issues of sexual assault, child abuse, and/or personal safety. The direct services component of the program primarily serves both immediate and past survivors of sexual assault and child abuse, as well as their families, while the education/prevention component serves women, men, and children of all ages and ethnic backgrounds.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

The North County Rape Crisis & Child Protection Center proposes to address the need for safety, on both the personal and community level. Personal safety is one of the most basic human needs; without safety in their surroundings, individuals are without a sense of well-being and are unable to flourish. This can lead to an effect on the safety of the community as well. A study by the Justice Policy Institute reports that abused children who experience trauma often grow up to engage in or become repeat victims of violence, and a past study demonstrated that abused children have an increased risk of long-term problems such as depression, suicide, drug abuse, delinquency, and violent criminal behavior. Adults as well as children who have not been taught awareness and prevention skills are more vulnerable to abuse and less likely to seek help if they are victimized, which increases the risk of those long-term problems and more community crime. Santa Barbara County Department of Social Services reported in 2010 that 83% of the county's open cases of child abuse and neglect occurred in the north county, and law enforcement statistics show that 85 sexual assaults were reported in north county in 2010. Reported cases represent a small percentage of the actual number of assault and abuse occurring, with estimates that less than 1 in 5 are reported. Through its crime prevention and public safety services, the Center will meet the need for personal and community safety in northern Santa Barbara County.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

With the support of CDBG funding, the Center will respond to the needs of the community by ensuring that the immediate safety and emotional health of crime victims and others in crisis are met through the intervention component. This includes 24-hour Hotline assistance, emotional support and case management, individual and support group counseling services, and accompaniment to hospital, law enforcement, and Sexual Assault Response Team (SART) facilities. As a member of SART, program advocates are automatically called to respond to all sexual assaults reported to law enforcement. Just as important as the intervention and assistance provided to victims, the education /prevention component will also be funded to reach at-risk children and adults, as well as the community at large. Awareness, education, and prevention programs include self-defense, school-based ChildSAFE programs provided to all local schools, and mandated reporter trainings.

Specific services to be provided by the program in 2012 - 2013 are as follows:

1. Provide intervention and prevention services to 15,000 individuals, including counseling, crisis intervention, SART accompaniments to law enforcement, hospitals, SART facilities, and court, advocacy, self-defense workshops, mandated reporter trainings, community based prevention and/or school based ChildSAFE awareness/prevention programs for children and adults.
2. Provide 26,000 units of services, which will include both intervention and education/prevention services as described above.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Shannon Rose Chávez - Executive Director, 28 years experience (exp.), full-time (FT), MA Education/Counseling and Guidance, BS Social Sciences;  
Ann McCarty - Associate Director, 17 years exp., FT, MBA and BS Criminal Justice;  
Karin Powers - Finance/HR Director, 6 years exp., FT, BS Social Sciences;  
Alison Wales - Counseling & Volunteer Services Coordinator, 17 years exp., FT, MA Psych. & BA Sociology;  
Emily Einolander - Community Education Coordinator, 10 months exp., FT, BA Global and International Studies;  
Margaret Fuentez-Smith - School Program Coordinator, 8 years exp., FT;  
Maria Valencia - Bilingual Outreach Presenter, 5 years exp., FT;  
Luvia Gomez - Community Outreach Presenter, 6 months exp, FT, AA Early Childhood Studies;  
Suzanne Gardiner - Education Presenter, 4 years exp, PT, AS Human Services;  
Cynthia Burritt - Program Assistant, 1.5 years exp, PT.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

The unit of service is each separate service or contact received by an individual client. Units of service can include accompaniment, advocacy, follow-up, referrals, support group or individual counseling provided to direct service clients, as well as self-defense, ChildSAFE sessions, and education/prevention presentations provided to at-risk clients and the general community.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The goal of the program is to provide effective services for survivors of sexual assault and child abuse, which will alleviate the trauma experienced by survivors and others in crisis, and to provide children and adults with instruction on personal safety and prevention skills in order to increase their awareness and decrease their vulnerability to these crimes.

Specific measures include:

- 1) 90% of 300 surveyed survivors and family members will report that the services helped to alleviate trauma and/or provided them with useful information on additional resources.
- 2) 90% of 1000 trained adults surveyed will report having a better understanding of how to deal with disclosures of sexual assault and child abuse.
- 3) 90% of 1,500 surveyed children and adolescents will report they now have the tools necessary to keep themselves safe and the knowledge to recognize and respond to dangerous situations.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

No fees are charged for services provided by the Center, as the majority of our clients are lower income. However, donations are suggested and accepted.

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## **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

---

## **2. Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N/A
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 1000
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 15k

**Section E - Financial Information**

1. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The agency operating budget is the same as the program operating budget, as our intervention and education/prevention services comprise the Center's entire program, as seen on the financial pages 10 - 11 itemizing revenue and expenses. Current year revenue has been recently revised and is projected to be \$657,000, which includes \$150,000 in-kind contributions from volunteer hours and goods and services donated by community members. Other than existing grant awards, we have no commitment for ongoing funding past October 2012. Our accounting procedures are clear and strictly followed, ensuring financial stability and accountability, with checks and balances at each step of our record keeping, accounting system, and payment procedures. The Center's audit is completed annually by an independent CPA.

2. Federal Grant Experience within past 5 years:  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CalEMA	Rape Crisis Services	Crisis Intervention/education	Current; 2011	158,689.00
CDPH	NCRCCPC	Rape Prevention	Current; 2011	31,098.00
County CDBG	North County Services	Rape/Abuse intervention/educ	Current; 2011	10,959.00
City CDBG's	Lompoc/Santa Maria	Rape/Abuse intervention/educ	Current; 2011	21,400.00

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
July 2009 - June 2010 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 7

11. How often does your Board of Directors meet? 9 times yearly

12. Does your Board of Directors have an audit committee? Finance

13. Describe the financial expertise currently serving on your Board of Directors. One Board member is a financial planner/advisor, another has budgetary experience as a former principal/current school board member

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Carrie Troup, CPA, 1005 South Broadway, Santa Maria, CA, (805) 937-0511

AND

Lorrie Davellia, Computerized Bookkeeping Service, 1570 Calle Lora, Lompoc, CA (805) 733-1941

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.



**Section F – Program and Agency Revenue and Expense Information****I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	11,576	10,959	24,000
CDBG funds requested <u>for this program</u> from other jurisdictions	28,310	21,400	40,000
Other local cities' funds:	42,864	43,000	43,000
County Human Services Program funds:	16,520	15,895	20,000
Other Federal funds:	196,674	189,787	181,726
State funds:	45,880	43,168	41,274
Private trusts and foundation funds:	105,000	65,620	102,500
Donations:	29,409	19,000	21,000
Special fundraising events:	56,646	65,000	57,500
Client fees:	0.00	0.00	0.00
Other funds (explain): <u>In-kind/Refunds</u> <u>Interest/Reserve</u>	156,955	183,171	151,000
<b>Total Project Budget:</b>	<b>689,834</b>	<b>657,000</b>	<b>680,000</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	401,186	383,700	405,750
Consultants and Contracts	23,447	24,170	25,230
Facility, Utilities, Maintenance	16,976	17,500	17,900
Telephone, Fax	10,317	11,500	11,500
Supplies	4,710	12,500	13,500
Postage & Shipping	865	1,500	1,500
Marketing (Printing, Advertising)	4,865	11,500	7,000
Travel, Mileage, Training	12,649	14,000	15,000
Equipment Rental/Maintenance	0.00	0.00	0.00
Insurance	10,014	11,500	11,500
Other uses (explain): <u>In-Kind/Fundraising/Sub-Contracts/Reserve/Bank fees/Memberships</u>	196,976	169,130	171,120
<b>Total Project Budget:</b>	<b>682,005</b>	<b>657,000</b>	<b>680,000</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	11,576	10,959	22,000
CDBG funds requested <u>for this program</u> from other jurisdictions	28,310	21,400	40,000
Other local cities' funds:	42,864	43,000	43,000
County Human Services Program funds:	16,520	15,895	20,000
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Donations:	29,409	19,000	21,000
Special fundraising events:	56,646	65,000	57,500
Client fees:	0.00	0.00	0.00
Other funds (explain): <u>In-Kind/Refunds</u> <u>Interest Payments/Reserve</u>	156,955	183,171	151,000
<b>Total Agency Budget:</b>	<b>689,834</b>	<b>657,000</b>	<b>680,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	401,186	383,700	405,750
Consultants and Contracts	23,447	24,170	25,230
Facility, Utilities, Maintenance	16,976	17,500	17,900
Telephone, Fax	10,317	11,500	11,500
Supplies	4,710	12,500	13,500
Postage & Shipping	865	1,500	1,500
Marketing (Printing, Advertising)	4,865	11,500	7,000
Travel, Mileage, Training	12,649	14,000	15,000
Equipment Rental/Maintenance	0.00	0.00	0.00
Insurance	10,014	11,500	11,500
Other uses (explain): <u>In-Kind/Fundraising/Sub-Contracts/Reserve/Bank fees/Memberships</u>	196,976	169,130	171,120
<b>Total Agency Budget:</b>	<b>682,005</b>	<b>657,000</b>	<b>680,000</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The current fiscal year of 2011-2012 has seen our proposed budget decrease by nearly 20%, due to a number of factors: a reduction of \$80,000 in government grant funding and foundation grants, and a marked decrease midway through this fiscal year in individual and group donations. Leaving an open position unfilled, creating staff furlough days through the remainder of the fiscal year, and using a portion of the Center's reserves, we will be able to maintain services without eliminating any positions. We will continue to research and apply to a variety of funding sources, and are very hopeful that we will be able to weather this year's reductions and maintain our prior funding levels.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

If this request is not fully funded, North County services will continue with a reduced CDBG award next year. However, depending on the outlook from other funding sources, the primary services affected will be the direct services provided to sexual assault and child abuse survivors, as we will likely need to reduce or eliminate staff, resulting in a decrease in case management and counseling services. Further funding reductions and staff cutbacks would also result in a reduced ability to provide prevention and awareness presentations at the current levels.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

North County Rape Crisis & Child Protection Ctr

\_\_\_\_\_  
(Name of Agency)

Shannon Rose Chavez

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

*Shannon Rose Chavez*

\_\_\_\_\_  
(Agency Official Signature)

1/24/2012

\_\_\_\_\_  
(Date of Signature)

(805) 736-8535 x 204

\_\_\_\_\_  
(Telephone Number of Agency Official)

schavez83@verizon.net

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Linda Cordero

depose and say that I am President

[insert title, President, Vice President, etc.] of the North County Rape Crisis & Child Protection Center, P.O. Box 148, Lompoc, CA 93438-0148

\_\_\_\_\_ [insert name and address of Agency].

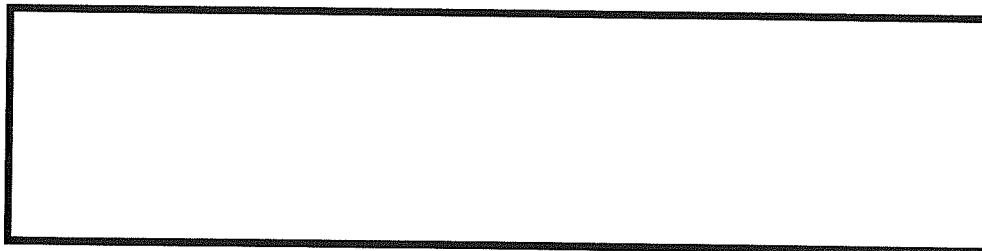
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Barbara LeFebvre</u>	<u>Vice President</u>	<u>2012</u>
2.	<u>Tamika Campbell</u>	<u>Secretary</u>	<u>2012</u>
3.	<u>Muriel Jones</u>	<u>Treasurer</u>	<u>2012</u>
4.	<u>Chuck Arnold</u>	<u>Member</u>	<u>2012</u>
5.	<u>Joyce Howerton</u>	<u>Member</u>	<u>2015</u>
6.	<u>Wanda Toro</u>	<u>Member</u>	<u>2013</u>

**DATE:** January 24, 2012

**AT:** Lompoc, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Linda Cordero  
Signature

Linda Cordero, Board President  
Print Name and Title

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**

# NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER

**LOMPOC**  
P.O. Box 148, Lompoc, CA 93438  
OFFICE: 736-8535 ♥ HOTLINE: 736-7273



**SANTA MARIA**  
P.O. Box 6202, Santa Maria, CA 93456  
OFFICE: 922-2994 ♥ HOTLINE: 928-3554

<i>Name</i>	<i>Mailing Address</i>	<i>Occupation</i>	<i>Board Office (if any)</i>
<b>Linda Cordero</b>	1324 Ruby Court Santa Maria, CA 93454	Retired Educator	President
<b>Barbara LeFebvre</b>	4001 Marion Court Lompoc, CA 93436	Training Manager/Civil Service	Vice President
<b>Tamika Campbell</b>	709 Northbrook Dr. Lompoc, CA 93436	Logistics Analyst	Secretary
<b>Muriel Jones</b>	4028 Draco Lompoc, CA 93436	Probation Clerk	Treasurer
<b>Chuck Arnold</b>	122 W. Cypress Lompoc, CA 93436	Retired Military, Minister	Member
<b>Joyce Howerton</b>	335 South H St. Lompoc, CA 93436	Program Coordinator	Member
<b>Wanda Toro</b>	3769 Constellation Rd. Suite F Lompoc, CA 93436	Financial Advisor	Member

Please note that we are also currently recruiting to fill four recent Board vacancies.



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

- Logged  
 Scanned

**Total Requested Program Funding by Jurisdiction:**  
(Check all that apply)

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> Santa Barbara County | \$15,000 |
| <input type="checkbox"/> Carpinteria                     | \$ _____ |
| <input type="checkbox"/> Solvang                         | \$ _____ |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- |   |          |
|---|----------|
| <input checked="" type="checkbox"/> Goleta      | \$5,000  |
| <input type="checkbox"/> Lompoc                 | \$ _____ |
| <input checked="" type="checkbox"/> Santa Maria | \$10,000 |

**Section A – General Program Information Summary**

1. Program Title: Necessities of Life Program
2. Brief Summary of the Program: The Necessities of Life Program is a free food pantry for people living with HIV/AIDS and their dependents.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Santa Barbara County

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Pacific Pride Foundation
2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
3. Address of Organization:
  - a. Street: 126 E. Haley Street Suite # A-11
  - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
  - a. Street: Same Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



5. Person to Contact Regarding this Application:

- a. Name: James McDevitt
- b. Relationship to Agency: Finance Director
- c. Street: 126 E. Haley Street Suite/Apt. # A-11
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963-3636 Ext. 119
- f. Fax: (805) 963-9086
- g. E-mail: james@pacificpridefoundation.org

6. Name and contact information of Fiscal Agent:

- a. Name: N/A
- b. Agency / Organization: \_\_\_\_\_
- c. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
- d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Work Phone: ( ) - Ext. \_\_\_\_\_
- f. Fax: ( ) -
- g. E-mail: \_\_\_\_\_

7. Organization's Federal Identification Number (Tax ID #) 95-3133613

8. Agency Organizational DUNS number: 18-923-9940  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: #20902

**Section C – Program Description Narratives**

Please describe the target population you intend to serve in your program (150 words or less)

The target population for the NOLP is low-income people living with HIV/AIDS and their dependents. The demographics of those we serve (including dependents) is 57 percent Latino, 34 percent white, 4 percent African American, 4 percent Native American, and 1 percent Asian/Pacific Islander; 69 percent male and 31 percent female; 22 percent under the age of 18. Pantry clients have an average annual income of just \$12,000. Most of them struggle with other problems besides HIV/AIDS. Over 35 percent have mental health issues; 40 percent have a substance abuse problem; and 25 percent are homeless or marginally housed upon entering the program. More than 50 percent of our clients are Spanish-speaking families with children, nearly all of whom live in North County. According to the Santa Barbara County Public Health Department, there has been a general increase in HIV infection among Latino residents, especially pregnant women and migrant farm workers. AIDS diagnoses among Latino men are three times greater than white men, and rates among Latina women are five times higher than white women.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

As the AIDS epidemic grew locally during the early 1990s, it became clear that our clients' nutritional needs were not being met. This was because they could not afford healthy groceries and were unaware of how their nutritional needs had changed. We started the pantry in direct response to their needs. Research has indicated that without informed nutritional intervention, HIV infection and the side effects of medication almost always result in malnutrition and weight loss. Rate of weight loss in HIV-positive people has been found to be directly related to timing of death (Kotler, Tierney, Wang, and Pierson, 1989). In other words, the faster people with HIV lose weight, the faster they die.

Our program works to support the vision of the National HIV/AIDS Strategy, which is for every HIV-positive person to have access to high quality, life-extending care. By providing a high quality nutrition program to those who are low-income, homeless, drug addicted, or marginalized in other ways, we provide access to life-extending care for some of the most underserved--but most highly impacted--populations in our community.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

The NOLP is open twice a week for several hours. Clients can select for themselves items they want, such as milk, bread, meat, fresh fruit and vegetables, personal care products, nutritional supplements, and over-the-counter medications. Delivery of grocery items and transportation are available to clients too ill to transport themselves. Our Registered Dietitian provides a monthly written newsletter with information specific to our clients. She also advises us on types of food to stock to help minimize rapid weight loss, nutrient malabsorption, and negative side effects of medications. While other pantry programs in our county are available, the stigma of having AIDS and the specific nutritional demands of the disease make our pantries essential for our clients' physical and emotional wellness. Our case managers use shopping days as a way to check in with clients on a weekly basis. The ability to meet with a large number of clients in one day is especially essential now that our staff has been so drastically reduced. We estimate that over the course of one year, over 600 hours of case management occur during pantry hours. For our more marginalized clients, the pantry serves as a gateway to our other services that they otherwise may never access. Given a little time in the welcoming environment of the food pantry, many of these clients turn to us for help with things like medical treatment, housing, addiction recovery referrals, and legal services. Funding would be used to purchase food, nutritional supplements, and personal care items for the pantry.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Pacific Pride employs a Registered Nurse who is a case manager (full-time), a Licensed Clinical Social Worker (full-time), two case aides (part-time), two food pantry coordinators (part-time), a Registered Dietitian (part-time), and approximately 25 regular volunteers who work with clients that access our food pantries. Working with the nurse and dietician, the pantry coordinators are able to deliver food, nutritional supplements, and personal care items to meet the special needs of people living with HIV/AIDS. Our team approach ensures that the program can continue even if one or more staff members are absent. Our agency has been providing this program since 1992 and has full capacity to carry out its activities. We do have an affirmative action plan and grievance procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?

yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Bags of groceries are our unit of service. Clients receive 6-10 paper bags-full of groceries each time they shop. The groceries last for at least a week, and fill approximately 60-75 percent of our clients' nutritional needs.

What *outcome measures* will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Our overall vision for the Necessities of Life Project is for our clients to experience adequate nutrition that meets their physical needs. Our measurable objectives for 2012-13 are:

1. 165 HIV-positive people will receive groceries once a week.
2. 185 dependents of these HIV-positive people will receive groceries once a week.
3. 20,000 bags of groceries will be distributed to these clients.
4. At least 85 percent of our HIV-positive clients will report that they are satisfied with the quality of the NOLP program.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

All services provided through the NOLP are free.

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## Section D – Beneficiary Information

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Persons with AIDS

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

N/A

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 0
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 350
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 0
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: 0
- e. **Total persons benefiting from this project:** 350

**Section E - Financial Information**

1. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Our agency's current budget recognizes \$1,741,235 in revenue, made up from government contracts, private foundations, and general public donations. Our expenses are budgeted at \$1,741,235. PPF continually applies for multi-year grants to sustain programs and services. We currently have two such grants funding our Safe Schools Project, Marriage Equality, and LGBT services. Our fiscal management follows GAAP and is audited annually by multiple entities including an outside CPA. Financial reports are prepared on a monthly basis and submitted to the Board of Directors for discussion and approval. Records are kept using QuickBooks Premier accounting and back-up files are archived and stored securely. Payments are made on valid expenses with appropriate documentation and require multiple signatures.

2. Federal Grant Experience within past 5 years:  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
		See Attached		

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
07/2010 - 06/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 10

11. How often does your Board of Directors meet? once a month

12. Does your Board of Directors have an audit committee? No

13. Describe the financial expertise currently serving on your Board of Directors. We have a retired financial advisor and a retired corporate business manager on our board of directors.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Lori Lewis, Attorney At Law: 805-966-1501  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.



**Section F – Program and Agency Revenue and Expense Information****I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	10,000	9,133	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions	15,838	14,254	15,000
Other local cities' funds:	19,000	22,000	25,000
County Human Services Program funds:	10,307	8,925	10,000
Other Federal funds: <span style="margin-left: 20px;">33%</span>	72,935	38,141	28,500
State funds:	0	0	0
Private trusts and foundation funds:	28,900	29,000	35,000
Donations:	99,947	107,765	104,950
Special fundraising events: <span style="margin-left: 20px;">?</span>	0	0	0
Client fees:	0	0	0
Other funds (explain): <u>Donated Goods</u>	327,398	328,000	330,000
<b>Total Project Budget:</b>	<b>584,325</b>	<b>557,218</b>	<b>563,450</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	81,067	65,843	67,000
Consultants and Contracts	1,251	864	1,000
Facility, Utilities, Maintenance	52,485	54,754	55,000
Telephone, Fax	1,212	984	1,000
Supplies	109,405	95,336	100,000
Postage & Shipping	9	0	0
Marketing (Printing, Advertising)	0	0	0
Travel, Mileage, Training	3,908	3,920	4,250
Equipment Rental/Maintenance	764	2,448	2,000
Insurance	1,932	2,082	2,000
Other uses (explain): <u>Donated Goods, Printing Depreciation, Bank Fees, License Fees</u>	332,292	330,987	331,200
<b>Total Project Budget:</b>	<b>584,325</b>	<b>557,218</b>	<b>563,450</b>

**NEW**

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	10,000	9,133	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions	15,838	14,254	15,000
Other local cities' funds:	19,000	22,000	25,000
County Human Services Program funds:	18,552	13,245	15,000
Other Federal funds:	580,187	480,258	513,302
State funds:	0	0	0
Private trusts and foundation funds:	327,100	412,500	382,500
Donations:	125,789	230,650	235,650
Special fundraising events:	156,403	223,901	220,000
Client fees:	3,459	3,500	3,500
Other funds (explain): <u>Fiscal Agency Fee</u> <u>Donated Goods/Services, Asset Disposition</u> <u>Interest income</u>	337,266	331,794	333,000
<b>Total Agency Budget:</b>	<b>1,593,594</b>	<b>1,741,235</b>	<b>1,757,952</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	781,620	832,148	845,512
Consultants and Contracts	68,062	89,185	90,000
Facility, Utilities, Maintenance	143,448	143,881	144,275
Telephone, Fax	10,020	10,250	10,500
Supplies	157,371	141,960	142,000
Postage & Shipping	6,974	7,350	7,500
Marketing (Printing, Advertising)	10,765	8,895	9,000
Travel, Mileage, Training	20,974	16,750	17,000
Equipment Rental/Maintenance	10,668	12,960	13,000
Insurance	18,130	17,281	18,250
Other uses (explain): <u>Client Emergency Housing</u> <u>Program Events, Fundraising Donated Goods</u>	463,734	460,575	460,915
<b>Total Agency Budget:</b>	<b>1,691,766</b>	<b>1,741,235</b>	<b>1,757,952</b>



**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
County CDBG funds:	10,000	9,133	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions	15,838	14,254	15,000
Other local cities' funds:	19,000	22,000	25,000
County Human Services Program funds:	18,552	13,245	15,000
Other Federal funds:			
State funds:	0	0	0
Private trusts and foundation funds:	327,100	412,500	382,500
Donations:	238,563	345,650	345,650
Special fundraising events:	43,629	108,901	110,000
Client fees:	3,459	3,500	3,500
Other funds (explain): <u>Fiscal Agency Fee</u> <u>Donated Goods/Services, Asset Disposition</u> <u>Interest income</u>	337,266	331,794	333,000
<b>Total Agency Budget:</b>	<b>1,593,594</b>	<b>1,741,235</b>	<b>1,757,952</b>

+ 100,000  
2/27, 1, 1, 2, 5

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	2010-11 (previous FY)	2011-12 (current FY)	2012-13 (proposed FY)
Salaries, Benefit, Payroll Taxes	781,620	832,148	845,512
Consultants and Contracts	68,062	89,185	90,000
Facility, Utilities, Maintenance	143,448	143,881	144,275
Telephone, Fax	10,020	10,250	10,500
Supplies	157,371	141,960	142,000
Postage & Shipping	6,974	7,350	7,500
Marketing (Printing, Advertising)	10,765	8,895	9,000
Travel, Mileage, Training	20,974	16,750	17,000
Equipment Rental/Maintenance	10,668	12,960	13,000
Insurance	18,130	17,281	18,250
Other uses (explain): <u>Client Emergency Housing</u> <u>Program Events, Fundraising Donated Goods</u>	463,734	460,575	460,915
<b>Total Agency Budget:</b>	<b>1,691,766</b>	<b>1,741,235</b>	<b>1,757,952</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Since 2009 PPF has lost \$790,000 in funding for HIV care due to state budget cuts. By making deep cuts to our staff and changing the way we operate, we have been able to maintain our programs, albeit at reduced levels. However, for the current fiscal year we have a projected budget shortfall of approximately \$170,000. While we have been able to successfully meet our budget goals for the past two years, we will continue to do so only with a strong fundraising plan. So, we have created and are beginning to implement an aggressive strategic fund development effort to ensure our sustainability.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

The recent funding cuts, combined with an increase in the cost of groceries, has made it more difficult to provide groceries for all clients who need them. A decrease in funding from the County may necessitate cutting back on the amount of food and nutritional supplements that we can purchase, with clients receiving less food each month.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

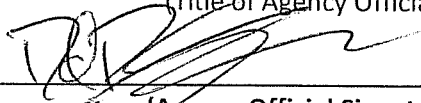
The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Pacific Pride Foundation  
(Name of Agency)

David Selberg  
(Typed Name of Agency Official)

Executive Director  
(Title of Agency Official)

  
(Agency Official Signature)

1-24-12  
(Date of Signature)

805-963-3636 ext. 125  
(Telephone Number of Agency Official)

david@pacificpridefoundation.org  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Heather Stevenson

depose and say that I am Chair

[insert title, President, Vice President, etc.] of the Board of Directors of

Pacific Pride Foundation, 126 E. Haley Street, Suite A-11, Santa Barbara, CA 93101

\_\_\_\_\_

\_\_\_\_\_ [insert name and address of Agency].

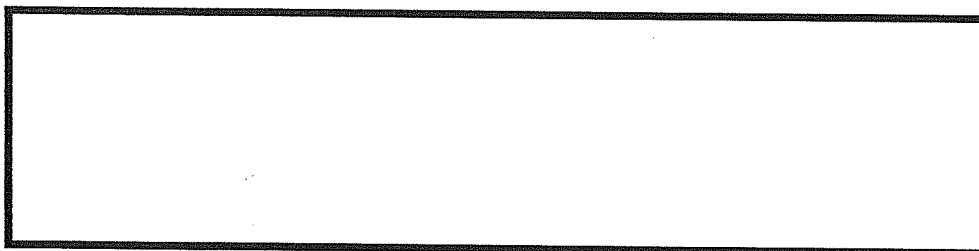
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>See attached</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____


DATE: \_\_\_\_\_

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

  
Signature

Heather Stevenson, Board Chair  
Print Name and Title

#2



COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

Total Requested Program Funding by Jurisdiction:  
(Check all that apply)

- Santa Barbara County \$ 24,000
- Carpinteria \$ \_\_\_\_\_
- Solvang \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- Goleta \$ \_\_\_\_\_
- Lompoc \$ \_\_\_\_\_
- Santa Maria \$ \_\_\_\_\_

**Section A – General Program Information Summary**

1. Program Title: St. Brigid Fellowship Outreach
2. Brief Summary of the Program: We do personal outreach to homeless men and women in Isla Vista. We befriend them and assist them in accessing needed services and meeting their basic needs.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Isla Vista

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Antiochian Orthodox Diocese/St. Athanasius Orthodox Church
2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
3. Address of Organization:
  - a. Street: 5580 Calle Real Suite # \_\_\_\_\_
  - b. City: Goleta State: CA Zip: 93117
4. Mailing Address (if different from above):
  - a. Street: P.O. Box 35 Suite # \_\_\_\_\_
  - b. City: Goleta State: CA Zip: 93116



5. Person to Contact Regarding this Application:

- a. Name: Jill Wallerstedt
- b. Relationship to Agency: Volunteer
- c. Street: 876 Embarcadero Del Mar Suite/Apt. # B
- d. City: Isla Vista State: CA Zip: 93117
- e. Work Phone: (805) 968-8028 Ext. \_\_\_\_\_
- f. Fax: ( ) -
- g. E-mail: jillwallerstedt@cox.net

6. Name and contact information of Fiscal Agent:

- a. Name: Dan Braun
- b. Agency / Organization: St. Athanasius Orthodox Church
- c. Street: 5901 Encina Road Suite # C-5
- d. City: Goleta State: CA Zip: 93117
- e. Work Phone: (805) 967-5951 Ext. \_\_\_\_\_
- f. Fax: (805) 964-5934
- g. E-mail: dbraun@storewithus.com

7. Organization's Federal Identification Number (Tax ID #) 116007930

8. Agency Organizational DUNS number: 041778312  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # \_\_\_\_\_

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

In any one month, approximately 75 - 105 men and women live on the streets of Isla Vista or in the surrounding neighborhoods. Over the course of a year, we meet over 200 different people. Some are long-term residents of Isla Vista while others are just passing through. Some have jobs but no where to live, some are disabled. Some dream of living indoors, others choose to live in their vehicle or to travel. Mental illness and addiction are common but not universal. The one constant is their humanity: the need for conversation, compassion, care as well as the need for food, clothing, medical care, as shower and shelter.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

There are no permanent shelters or social service agencies in Isla Vista or in the nearest city, Goleta. The closest services are about 6-1/2 miles away and many more are 12 miles away in downtown Santa Barbara.

The homeless in I.V. sleep behind buildings, in bushes in local parks, on the beach, or in open space surrounding Isla Vista. They are given tickets and told to move whenever they are discovered sleeping. Their possessions are routinely stolen. On Christmas day, two local law enforcement officers collected all their sleeping bags, backpacks and other belongings and threw them in a trashcan after slashing through the backpacks so they were no longer useable. Then the officer poured motor oil on everything so the items could not be retrieved.

The homeless people who end up in Isla Vista tend to be "service-resistant", meaning that they cannot handle the crowding in big shelters and have been unable to navigate the larger social service agencies downtown.

Three other services are available in Isla Vista: The Isla Vista Medical Clinic will treat homeless people; the Freedom Warming Center opens a temporary shelter when the weather is either very cold or very wet; and Community Kitchen brings lunch five days a week. We recently learned that the Community Kitchen's funding for Isla Vista is in jeopardy.

St Brigid Fellowship has been working with the homeless in I.V. for 6 years. Our Monday night dinner and morning outreach are well-known and we identify new street people at these times.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

St. Brigid Fellowship is a group of people affiliated with St. Athanasius Orthodox Church and other local churches. Priests, nurses, doctors, social workers, UCSB students and other volunteers work together to bring resources to the homeless and the homeless to resources. We begin with food: we offer breakfast three times a week and a home-cooked dinner once a week. We get to know people and offer basics like clothing, hygiene supplies, first aid, sleeping bags. Once a degree of trust is built, we find that these men and women tell us about their lives and their goals. Some goals are lofty (to reunite with family) and others are more immediate (to get a new I.D. card or a license for a dog.) Some needs are easy to meet and some - like becoming sober or getting housed - are much more complex. Sometimes someone asks for socks when it is obvious they actually need to see a doctor or a psychiatrist.

This year we lost the use of our trailers in Isla Vista as St. Athanasius moved into Goleta and the new property owners would not extend a lease on the trailers. We moved the office to an apartment down the street and now offer most of our services in the parks and on a patio at the old church. We cook food in the apartment and bring it to the parks. Other volunteers join us there. The office is used for one:one counseling, computer use, mail and mailing address, meetings, and office space.

Our request for \$24,000 in funding will cover the cost of a part-time coordinator for all of these efforts. We hope to return to serving breakfast 5 days a week.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

The existing paid staff are a part-time Chaplain, Fr. Jon-Stephen Hedges, and a part-time Coordinator, Duane Franzen. Duane comes to us after a successful career as a Correctional Officer at the S.B. County. Both have worked with St. Brigid for years. Fr. Jon's salary has been paid by the church. The remaining workers are volunteer nurses, college students, medical professionals, social workers, cooks. Santa Barbara Street Medicine/Doctors Without Walls comes every other week.

Due to extreme budget cuts by our church we are in the process of expanding our volunteer base to other churches in Isla Vista and Goleta. We also plan to bring our services to Goleta during the year to meet unmet need there. The loss of our Drop-In Center trailer and our inability to find another affordable place to rent in Isla Vista (despite unused Redevelopment Agency owned properties on either side of us) has meant that our delivery of services is harder than ever since we are operating in the open in parks. It also meant the loss of a "safe space" where our homeless friends could gather. However it has shown us that the heart of our work is relationships. With or without a building we are continuing to provide meals and help people get into housing, apply for benefits, get medical care and address the many problems that arise from living outdoors.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

The units of service are visits to St. Brigid Fellowship. Our goal is 3,500 visits by 200 individuals. The visits will be quantified as follows:

- 1) Person receives help for immediate needs (Breakfast, clothing, sleeping bags, etc.)
- 2) Person returns to St. Brigid Fellowship and is engaged in conversation about their situation and needs
- 3) We provide counseling and make appropriate referrals to the services of other agencies in Santa Barbara County
- 4) We provide assistance applying for benefits like food stamps, General Relief, Veterans benefits, Supplemental Security Income (SSI) and in navigating "the system" to get to get housing, make appointments, obtain replacement ID's or birth certificate

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

We will use these outcome measures to determine the effectiveness of our program:

- 1) Provide food for 350 dinners and 1050 breakfasts and serve 200 individuals repeatedly during the year.
- 2) We will make at least 15 referrals per month to other agencies for shelter, medical care, detox, etc.
- 3) The number of people who avail themselves of these referred services:  
10 people per month will follow-through on our referrals and receive services at other agencies
- 4) We will work in-depth with at least 5 people per month to apply for benefits like food stamps, Veterans benefits, Supplemental Security Income (SSI) and in navigating "the system" to get to get housing, make appointments, obtain replacement ID's or birth certificates, etc.
- 5) At least 10 people will become housed, employed, sober, return to their families, go to school, or in any other way make significant progress toward ending their homelessness.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

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**Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

---

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: \_\_\_\_\_
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 50
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: \_\_\_\_\_
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: \_\_\_\_\_
- e. **Total persons benefiting from this project:** 250

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

St. Athanasius Church has a current operating budget of \$467,000. Revenue includes donations, contracted services, rent income and other misc. income. Expenses: assessment to Antiochian Archdiocese, staff salaries, benefits/taxes, outreach, education, youth programs, facilities rental and maintenance, insurances and misc. other expenses. The Administrator, Valerie Yova, reports monthly to the Parish Council. Accounting is outsourced to a bookkeeper, done on cash basis with QuickBooks for Non-profits. All checks over \$500 must be signed by two parties, and check request or reimbursements are strictly monitored for the appropriate forms and receipts. Audits are done as rreequired by the Antiochian Archdioceses of North America, under which the church exists as a non-profit religious organization.

2. **Federal Grant Experience within past 5 years:**  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	St. Brigid Fellowship	homeless services	2008-2009	\$12,000
CDBG	St. Brigid Fellowship	homeless services	2009-2010	\$12,242
CDBG	St. Brigid Fellowship	director salary	2010-11	\$25,000
CDBG	St. Brigid Fellowship	director salary	2011-12	\$9,133

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? December 31
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
12/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no
8. Are there any outstanding single audit findings which remain unresolved?  yes  no
- If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

- a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no
- b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no
- c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no
- d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no
- e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no
- f) Does your organization have any outstanding litigation or other legal issues?  yes  no
- If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 8

11. How often does your Board of Directors meet? once a month

12. Does your Board of Directors have an audit committee? Budget Com.

13. Describe the financial expertise currently serving on your Board of Directors. Laurence Lander is a CPA. Daniel Braun, our treasurer, is a professional investor.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

N/a

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.



**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	25000	9133	24000
CDBG funds requested <u>for this program</u> from other jurisdictions	0		
Other local cities' funds:	0		
County Human Services Program funds:	0		
Other Federal funds:	0		
State funds:	0		
Private trusts and foundation funds:	0		5000
Donations:	8766	2340	5000
Special fundraising events:	300	927	5000
Client fees:	0		
Other funds (explain): <u>Support from St. Athanasius Church</u>	59270	26000	6000
<b>Total Project Budget:</b>	<b>93336</b>	<b>38400</b>	<b>45000</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	53496	16300	24000
Consultants and Contracts			240
Facility, Utilities, Maintenance	21000	14000	14000
Telephone, Fax	2840	2000	2000
Supplies	6000	3000	3000
Postage & Shipping	500	300	488
Marketing (Printing, Advertising)	500	600	600
Travel, Mileage, Training	1200	1,000	0
Equipment Rental/Maintenance		0	0
Insurance		0	0
Other uses (explain): <u>financial assistance to guests; retrofit of building in 2010-11</u>	7800	1,200	672
<b>Total Project Budget:</b>	<b>93336</b>	<b>38400</b>	<b>45000</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	25000	9133	24000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:		50717	30711
Donations:	325000	344867	325000
Special fundraising events:			
Client fees:			
Other funds (explain): <u>contributed services,</u> <u>rental income, investments</u>	75000	62277	96000
<b>Total Agency Budget:</b>	<b>472000</b>	<b>466994</b>	<b>475711</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	225000	257000	234786
Consultants and Contracts	3000	3000	1400
Facility, Utilities, Maintenance	75000	78000	125046
Telephone, Fax	6000	3000	1180
Supplies	2400	2450	2340
Postage & Shipping	1000	1200	720
Marketing (Printing, Advertising)	5000	4500	4250
Travel, Mileage, Training	500	1400	1200
Equipment Rental/Maintenance	0	4350	4386
Insurance	5000	5000	6216
Other uses (explain): <u>Assessment to archdiocese</u> <u>\$35 K + support of St.Brigid, other ministries</u>	144100	107094	94205
<b>Total Agency Budget:</b>	<b>472000</b>	<b>466994</b>	<b>475711</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The poor economy affects employment and salaries, which directly affects tithes to support St. Athanasius Orthodox Church. As with other non-profits around the county, we are feeling the effects of this economic downturn. Our tithing is down significantly last year and this year. In addition, our efforts to build a permanent church on our property on Hollister Avenue strains our budget even more. We estimate our tithed income will continue to decline over the next three years while expenses rise.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

We are currently balancing our budget for St. Brigid Fellowship by not paying our coordinator for all the hours he puts into the work. In addition, we face more expenses this year as our church discontinues paying our rent and utilities. CDBG funding is essential this year to support our coordinator so that he can seek outside funding, organize fundraising drives and plan an event. If we are unable to pay him to do these necessary things, we will continue our work with the homeless but we may lose our office if we are not able to find additional funding that we desperately need.

### BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Fr: Nicholas Speier

depose and say that I am Senior Pastor

[insert title, President, Vice President, etc.] of St. Athanasius Orthodox Church  
5582 Calle Real, Goleta, CA 93117

\_\_\_\_\_ [insert name and address of Agency].

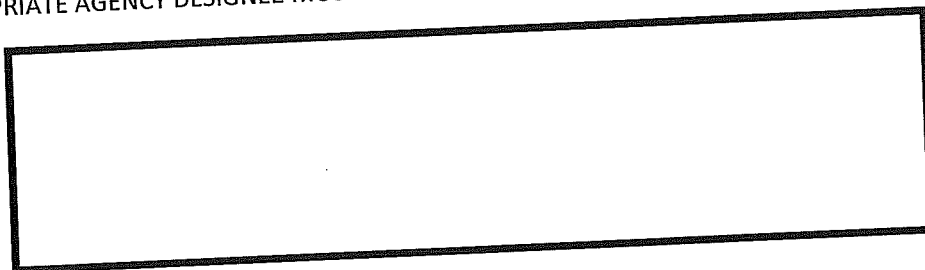
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Dana Alexander</u>	<u>President</u>	<u>12/2013</u>
2. <u>Dan Braun</u>	<u>Treasurer</u>	<u>12/2013</u>
3. <u>Douglas Meyer</u>	<u>Secretary</u>	<u>12/2013</u>
4. <u>Karen Jacobs, Jon King,</u>	_____	<u>12/2013</u>
5. <u>Laurence Lander, Craig Speier,</u>	_____	<u>12/2013</u>
6. <u>Sherie Shackelford</u>	_____	<u>12/2013</u>

DATE: 1/27/2012

AT: Goleta, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Fr Nicholas Speier  
Signature


Fr. Nicholas Speier, Senior Pastor  
Print Name and Title

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

St. Athanasius Orthodox Church/St. Brigid Fellows 

(Name of Agency)

Fr. Nicholas Speier

(Typed Name of Agency Official)

Senior Pastor

(Title of Agency Official)



(Agency Official Signature)

1/27/12

(Date of Signature)

(805) 685-5400

(Telephone Number of Agency Official)

frnicholas@stathanasius.org

(Email address of Agency Official)



COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Total Requested Program Funding by Jurisdiction:  
(Check all that apply)

- |  |           |
|--|-----------|
| <input checked="" type="checkbox"/> Santa Barbara County | \$ 12,000 |
| <input checked="" type="checkbox"/> Carpinteria          | \$ 5,975  |
| <input type="checkbox"/> Solvang                         | \$ _____  |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> Goleta | \$ 4,000 |
| <input type="checkbox"/> Lompoc            | \$ _____ |
| <input type="checkbox"/> Santa Maria       | \$ _____ |

**Section A – General Program Information Summary**

1. Program Title: Financial Empowerment Partnership (FEP)
2. Brief Summary of the Program: FEP is an initiative designed to increase long-term financial assets for low-income families through five major projects.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) SB County (Carpinteria to Santa Maria)

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: United Way of Santa Barbara County (UWSBC)
2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
3. Address of Organization:
  - a. Street: 320 East Gutierrez Street Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: CA Zip: 93101
4. Mailing Address (if different from above):
  - a. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Katie Higgins
- b. Relationship to Agency: Grants Assistant
- c. Street: 320 East Gutierrez Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 8591 Ext. 107
- f. Fax: (805) 962 - 3461
- g. E-mail: khiggins@unitedwaysb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Jerry Newton
- b. Agency / Organization: United Way of Santa Barbara County
- c. Street: 320 East Gutierrez Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 8591 Ext. 124
- f. Fax: (8085) 962 - 3461
- g. E-mail: jnewton@unitedwaysb.org

7. Organization's Federal Identification Number (Tax ID #) 951641968

8. Agency Organizational DUNS number: 172851198  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 000660

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

Hundreds of low-income families (earning \$49,000 or less annually for a family of four) in the south Santa Barbara County community have never filed a tax return, have nothing put away for emergencies or their children’s education, and they often do not have bank accounts. These are hard-working families who can easily become financially devastated by even the smallest and unexpected events such as auto repair.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

UWSBC’s FEP Initiative aims to serve Santa Barbara County’s low-income individuals/families and seniors. According to the Community Action Commission of Santa Barbara’s 2010/2011 Community Action Plan, 48,000 or about 12.2% of SBC families live below the poverty threshold (\$22,350 for a family of four). This percentage is consistent with the statewide poverty rate of 12.4% (CACSB). According to the 2009, American Community Survey 1-year estimates:

- 20.5% of children under the age of 18 live in poverty. Most of these children are dependents within low-income households.
- 4.5% of individuals over the age of 65 live in poverty within SBC. South SBC is seeing jobs disappear and housing prices remain out of reach for low-income individuals.

Currently there are few organizations providing comprehensive financial solutions that will enable low-income families to invest in their family's future. Because they do not have the tools to manage household expenses, build savings, and gain assets, these families are unable to break the cycle of poverty.

The FEP Initiative was developed in response to UWSBC's 2006-2009 Power of Partnership Initiative, which asked over 6,000 community members to identify their hopes and goals for the future. These individuals recognized a service gap in financial services for low-income families.



3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

UWSBC's FEP provides five major projects to help low-income families build long-term financial assets:

1. VITA (Volunteer Income Tax Assistance): collecting individual taxpayer information, electronic filing and processing of tax returns and refunds, and training and mentoring high school and adult students to become IRS-certified VITA tax preparers.
2. Financial Literacy Education: helping to deliver education to qualified clients, standardizing IRS-approved English and Spanish curriculum to be used by certified student and adult tax preparers joined by volunteer financial presenters throughout the south county.
3. 529 College Plans: encouraging and providing access to college savings plans with reduced or waived fees.
4. Retirement Accounts: encouraging and providing access to retirement plans with reduced or waived fees.
5. Emergency Savings Accounts: providing clients opportunities to create and use emergency savings accounts to reduce usage of "payday" loan services.

CDBG grant funds would be used to provide \$6,075 in staff support (Community Impact Coordinator and Executive Director to coordinate partnership activities), \$6,000 to support VITA sites at Santa Barbara High School and Dos Pueblos High School, and \$5,900 for curriculum and supplies for financial literacy.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

UWSBC (providing high quality programs and services to our community since 1923) is the lead agency for FEP and provides oversight, administration, evaluation development, staff training, and resource development. FEP key staff includes:

- Sara Templeton, Community Impact Coordinator (F/T) coordinates and supports all FEP activities.
- Paul Didier (F/T), another key program staff member, has been President and CEO of United Way of Santa Barbara County since 1978. A Certified Financial Planner, a UCSB and Harvard MBA graduate, and a former real estate broker and syndicator with his own firm, he has applied for-profit, market driven innovations to United Way and other non-profit organizations.

UWSBC's numerous partnerships with local businesses, non-profit organizations, and public agencies serving similar target populations have given UWSBC the expertise and unique placement to better serve low-income children and their families. For the past 15 years, UWSBC has provided direct services to underprivileged and underserved Santa Barbara County children, families, and seniors.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

For the 2012 FEP program, units of service to be provided include:  
Total hours of financial literacy educational services: 56  
Total hours of VITA services: 297  
Number of Mega Tax Days (assembling all FEP activities for an all-day expo): 4

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Outcome Measures for FEP:  
- Increase the number of client participants in all current projects by 20% (from 2,100 families in 2010-2011 to 2,520 in 2012-2013).  
- Increase the number of client participants opening and utilizing savings, college, or retirement accounts by 20%.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

N/A

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### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

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2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N/A
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 2520
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 2520

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Operating Budget: \$1,962, 755. Revenues: Annual Campaign (\$2,002,477); Other Campaign Revenue (\$28,000); Other Revenue (\$717,500); Legacies & Bequests (\$175,000); Investment Income (\$232,500) - total \$3,155,477. Expenses: Salaries & Benefits (\$1,093,620); Professional Fees (\$81,275); Supplies/Telephone (\$361,950); Postage (\$68,427); Occupancy (\$49,400); Equipment Rental & Maintenance (\$47,000); Printing & Publications (\$48,600); Travel/Conferences (\$114,750); Miscellaneous (\$97,700) - total \$1,192,722. 2011 audit is available.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
94.018	Summer of Service	Service-Learning Education	04/10/2010	75,000
SB City CDBG	Pre-K Institutes	Early Education	07/30/2010	2,500
SBC Human Svcs	Fun in the Sun	Summer Learning	07/01/2011	8,830

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? 06/30/2012
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
07/2010 - 06/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 23

11. How often does your Board of Directors meet? 5 times per year

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. UWSBC's Board of Directors is comprised of former/current business and non-profit executives with decades of financial experience.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Mike Noling - Chair, Audit Committee; ph: 969-0785; email: mnoling@gmail.com

Rick Nightingale, CPA - Audit Committee; ph: 963-1837; email: rnightingale3@cox.net

Mike Bergquist - Chair, Investment Committee; ph: 568-5313; email: michael@mjbplanning.com

Rick Scott - CFO, Board of Directors; ph: 682-7300; email: rick@ccsb.org

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:			17,597
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:		1,000	
State funds:			
Private trusts and foundation funds:			15,000
Donations:			15,000
Special fundraising events:			
Client fees:			
Other funds (explain): <u>UWSBC Campaign Funds</u>	40,214	45,214	
<b>Total Project Budget:</b>	<b>40,214</b>	<b>46,214</b>	<b>47,597</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	14,592	14,592	14,592
Consultants and Contracts	3,000	6,000	6,000
Facility, Utilities, Maintenance	0	0	0
Telephone, Fax	872	872	872
Supplies	6,600	6,600	6,600
Postage & Shipping	500	500	500
Marketing (Printing, Advertising)	12,000	15,000	15,000
Travel, Mileage, Training	450	450	450
Equipment Rental/Maintenance	0	0	0
Insurance	0	0	0
Other uses (explain): <u>Indirect at 5% (\$1,100)</u>	2,200	2,200	2,200
<b>Total Project Budget:</b>	<b>40,214</b>	<b>46,214</b>	<b>46,214</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			
CDBG funds requested for this program from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:	2,810,681	1,913,046	2,850,000
Special fundraising events:	140,372	132,544	135,000
Client fees:			
Other funds (explain): <u>Investment Income</u>	1,188,370	(513,789)	562,500
_____			
_____			
<b>Total Agency Budget:</b>	<b>4,139,423</b>	<b>1,531,801</b>	<b>3,547,500</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,029,841	506,738	1,040,000
Consultants and Contracts	107,110	37,512	85,000
Facility, Utilities, Maintenance	56,342	17,790	45,000
Telephone, Fax	12,475	5,613	12,500
Supplies	395,248	34,915	150,000
Postage & Shipping	29,522	29,137	30,000
Marketing (Printing, Advertising)	42,963	33,726	52,000
Travel, Mileage, Training	81,317	91,148	110,000
Equipment Rental/Maintenance	41,541	18,979	42,000
Insurance	2,951	1,252	3,000
Other uses (explain): <u>Allocations (837,387) + uncollectible pledges (176,893)</u>	1,160,482	855,554	1,120,000
_____			
<b>Total Agency Budget:</b>	<b>2,959,792</b>	<b>1,632,364</b>	<b>2,689,500</b>



1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

UWSBC is projecting budget reductions for the 2012-2013 year primarily due to investment loss projections. Environmental factors, such as a volatile stock market, have caused UWSBC's budget to decrease slightly. While donations from Santa Barbara County residents are now increasing (after three consecutive years of decreases), the decreasing value of investments in the current stock market have influenced budgetary decisions for the next three years.

For example, we have had changes in the workplace (i.e. furloughs, staff reductions, etc.) which have impacted United Way workplace campaigns, and individual donors (especially older, retired individuals) are reducing their gifts. However, UWSBC is implementing new fundraising strategies with individual major gift prospects for 2012. UWSBC is also approaching additional federal, state and other foundation funding sources, and planning new fundraising events throughout the 2012 year.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG-award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

A reduced CDBG award would still support program materials and staff at whatever level is available. All current FEP activities (VITA, Financial Literacy, 529 Plans, Retirement Accounts, and Emergency Savings Accounts, etc.) are scalable and will be offered; however the number of families served would be reduced. UWSBC is committed to providing low-income families with the financial services they need to build assets. UWSBC will continue to provide services for as many families as we can support. UWSBC's grants coordinator seeks funding from public organizations, private foundations, and corporations year-round in order to raise enough funding for next year's FEP program.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

United Way of Santa Barbara County

\_\_\_\_\_  
(Name of Agency)

G. Paul Didier

\_\_\_\_\_  
(Typed Name of Agency Official)

President & CEO

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

January 26, 2012

\_\_\_\_\_  
(Date of Signature)

(805) 965-8591

\_\_\_\_\_  
(Telephone Number of Agency Official)

pddier@unitedwaysb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee G. Paul Didier  
depose and say that I am President & CEO  
[insert title, President, Vice President, etc.] of United Way of Santa Barbara  
County, 320 East Gutierrez Street, Santa Barbara, CA 93101

\_\_\_\_\_ [insert name and address of Agency]:

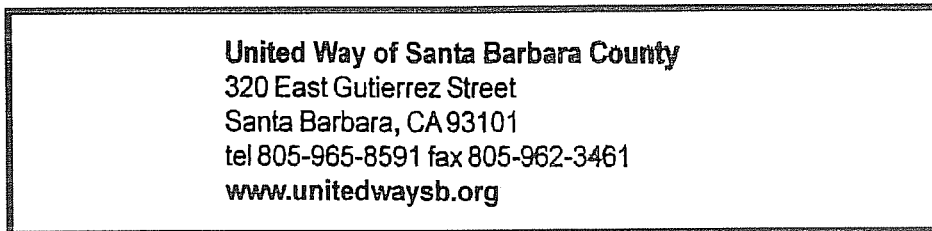
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Jim Armstrong</u>	<u>City Administrator, City of SB</u>	<u>2013</u>
2. <u>Gayle Beebe, Ph. D</u>	<u>President, Westmont College</u>	<u>2014</u>
3. <u>Thomas Brashears</u>	<u>Retired Business Owner</u>	<u>2013</u>
4. <u>David Cash, Ph. D</u>	<u>Superintendent, SBUSD</u>	<u>2014</u>
5. <u>Ron Cortez</u>	<u>Asst. Vice-Chancellor, UCSB</u>	<u>2014</u>
6. <u>William Curtis</u>	<u>Statewide Insurance Executive</u>	<u>2013</u>

DATE: 1/24/2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Signature

G. Paul Didier, President & CEO

Print Name and Title

<b>BOARD OF DIRECTORS AFFIDAVIT</b> Continued
--

	<u>Name</u>	<u>Title</u>	<u>Term Expires</u>
7.	Steve Cushman	Executive Direct, SB Chamber of Commerce	2012
8.	G. Paul Didier, CFP	President and CEO, UWSBC	2013
9.	Diane B. Doiron, CLU	Owner, Doiron Financial Associates	2013
10.	Henry Dubroff	Executive Editor, Pacific Coast Business Times	2012
11.	Blas Garza, Ed.D.		2013
12.	John T. Hanna		2012
13.	Joseph E. Holland	Clerk, Recorder & Assessor, SB County	2013
14.	George Leis	President and CEO, SBB&T	2013
15.	Robert K. Montgomery	Member, Gibson, Dunn & Crutcher	2013
16.	Michael Noling	Community Volunteer and Business Leader	2012
17.	David A. Prichard	Market President, Bank of America	2013
18.	Rick W. Scott	President, Cancer Center of SB	2014
19.	Andreea M. Serban, Ph.D.		2014
20.	William S. Thomas	Community Relations Executive, SBB&T	2014
21.	Ron Werft	President and CEO, Cottage Health System	2013
22.	John Wigle	Chairman and CEO, AGIA Insurance Services	2014
23.	Lance Connor	Reliable Engineering Services	2013

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**



COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

Total Requested Program Funding by Jurisdiction:  
(Check all that apply)

- |  |           |
|--|-----------|
| <input checked="" type="checkbox"/> Santa Barbara County | \$ 15,000 |
| <input checked="" type="checkbox"/> Carpinteria          | \$ 4,000  |
| <input type="checkbox"/> Solvang                         | \$ _____  |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? (Check all that apply)

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> Goleta | \$ 4,000 |
| <input type="checkbox"/> Lompoc            | \$ _____ |
| <input type="checkbox"/> Santa Maria       | \$ _____ |

**Section A – General Program Information Summary**

- Program Title: Fun in the Sun (FITS)
- Brief Summary of the Program: FITS is a seven-week long summer enrichment program for financially and academically at-risk children ages 6-18.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) SB County (Carpinteria to Santa Maria)

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: United Way of Santa Barbara County (UWSBC)
- Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
- Address of Organization:
  - Street: 320 East Gutierrez Street Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93101
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Katie Higgins
- b. Relationship to Agency: Grants Assistant
- c. Street: 320 East Gutierrez Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 8591 Ext. 107
- f. Fax: (805) 962 - 3461
- g. E-mail: khiggins@unitedwaysb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Jerry Newton
- b. Agency / Organization: United Way of Santa Barbara County
- c. Street: 320 East Gutierrez Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 8591 Ext. 124
- f. Fax: (8085) 962 - 3461
- g. E-mail: jnewton@unitedwaysb.org

7. Organization's Federal Identification Number (Tax ID #) 951641968

8. Agency Organizational DUNS number: 172851198  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 000660

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

100% of FITS participants are considered low-income (earning \$49,000 or less annually for a family of four) and qualify for free/reduced lunch. Local and state data show that the average FITS participant is: undernourished; reside in sub-standard single-family dwellings with two to three families; and have at least one family member who is a victim of domestic violence, substance abuse, and/or gang involvement. These children score below proficient on California language arts and mathematics testing and are at risk of dropping out of school. The average parent of a FITS participant works 2.2 jobs in order to provide for their family's basic needs. Up to 40 participants come from The Transition House, a homeless shelter in Santa Barbara.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

FITS is designed to combat what educators call "summer learning loss" (a three-month loss in basic reading proficiency and other academic subjects that low-income and underserved students face during the summer months), as well as the achievement gap between low-income and middle/upper income students.

In our Santa Barbara County community educational budget cuts have eliminated summer school programs, leaving many low-income children without a safe and educationally stimulating environment for the summer months. Johns Hopkins research shows that on average "low-income students experience an average summer learning loss in reading achievement of over two months" compared to slight gains in reading achievement for their middle-income peers. This loss is amplified by the fact that, according to local teachers and the Santa Barbara Healthy Start Coordinator, low income and minority children often begin Kindergarten six months to two years behind their middle-income peers. This gap only increases through the early school years until oftentimes we find 5th graders reading at a 1st grade level and 12th graders reading at a 6th grade level.

Through its integrated series of planned educational, artistic, social/emotional and recreational activities, FITS' collaborative efforts are strategically aligned to reinforce attitudes and learning that would otherwise languish over the summer months. FITS strengthens learning skills and gives children the sense of connectedness, the life skills, and the self-respect they need to produce long-term internal, behavioral, and academic improvements and resist self-defeating behaviors.



3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

FITS is a rigorous standards-based, eight-hours per day, 5 days per week for 7 weeks program that combines quality, structured, and fun enrichment activities with an educational component that focuses on improving literacy, science, math, and behavioral/life skills. UWSBC's emphasis on program improvement and best model practices resulted in the implementation of the Reading Plus program in FITS 2010. Reading Plus is an internet-based accelerated reading improvement program that outperformed previous reading results of FITS participants. FITS also incorporates a service-learning component for middle school students (entering 6th-9th grade) called FITS-Summer of Service (FITS-SOS) that encourages increased civic engagement through student-planned and led service-learning projects related to environmental and disaster preparedness issues within their local communities. FITS also offers FITS parents Parent Education workshops during the summer, on topics such as: Positive Discipline, Parent/Child Engagement, Financial Literacy, etc. These parent workshops are attended by 97% of FITS parents.

FITS 2012 is projected to serve 200 students and 175 parents. CDBG funds would be applied toward educational/enrichment materials (for literacy development and service-learning) and staff support (program leaders and site coordinators) for the Carpinteria and Goleta sites.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

UWSBC (providing high quality programs and services to our community since 1923) is the lead agency for FITS and provides oversight, administration, evaluation development, staff training, and resource development. FITS key staff includes:

- FITS Coordinator (P/T) coordinates and supports all FITS activities.
- Paul Didier (F/T), another key program staff member, has been President and CEO of United Way of Santa Barbara County since 1978. A Certified Financial Planner, a UCSB and Harvard MBA graduate, and a former real estate broker and syndicator with his own firm, he has applied for-profit, market driven innovations to United Way and other non-profit organizations.

UWSBC's numerous partnerships with local school districts, non-profit organizations, public agencies, and businesses serving similar target populations have given UWSBC the expertise and unique placement to better serve low-income children and their families. For the past 15 years, UWSBC has provided direct services to underprivileged and underserved Santa Barbara County children, families, and seniors.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

For the 2012 FITS program, units of service to be provided include:  
Total hours of educational services (reading, journaling, service-learning, etc.): 170  
Total hours of enrichment activities (field trips, nutritional classes, sports, etc.) 140  
Total hours of care provided per participant during FITS-Carp program: 287

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Outcome Measures for FITS:  
#1 – 60% of participants will display gains in reading comprehension and vocabulary skills.  
#2 – 80% of participants will maintain or display a gain in positive perceptions of reading.  
#3 – 80% of participants will maintain or display a gain in positive identity (i.e., self-concept and esteem, and positive view of personal future).  
#4 – 80% of participants will maintain or display a gain in positive self-control (i.e., thinking carefully before acting, engagement in positive behaviors, and disengagement in negative behaviors).  
#5 - 80% of participants will maintain or display a gain in their perceptions of caring and support from parents/caregivers.  
#6 –80% of participants will maintain or display a gain in their ability to identify caring, supportive, non-parental adults.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

FITS will have suggested donations for the 2012 program. UWSBC first implemented suggested donations during summer 2011 and saw positive results from parent comments, participation, and support. UWSBC's suggested donation is \$12 per week per child (totaling \$84 for the summer for each child). UWSBC's total program cost per child is about \$1,200.

Participants and their families will have the opportunity to enhance FITS' programming and services and become more engaged with the program with this suggested donation. Families in FITS will not be required to donate, but will be given the opportunity to do so. Families who cannot donate, but are still interested in helping FITS, will have the option of volunteering in the program.

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## Section D – Beneficiary Information

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Illiterate persons

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N/A
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 375
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 375

**Section E - Financial Information**

1. Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Operating Budget: \$1,962, 755. Revenues: Annual Campaign (\$2,002,477); Other Campaign Revenue (\$28,000); Other Revenue (\$717,500); Legacies & Bequests (\$175,000); Investment Income (\$232,500) - total \$3,155,477. Expenses: Salaries & Benefits (\$1,093,620); Professional Fees (\$81,275); Supplies/Telephone (\$361,950); Postage (\$68,427); Occupancy (\$49,400); Equipment Rental & Maintenance (\$47,000); Printing & Publications (\$48,600); Travel/Conferences (\$114,750); Miscellaneous (\$97,700) - total \$1,192,722. 2011 audit is available.

2. Federal Grant Experience within past 5 years:  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
94.018	Summer of Service	Service-Learning Education	04/10/2010	75,000
SB City CDBG	Pre-K Institutes	Early Education	07/30/2010	2,500
SBC Human Svcs	Fun in the Sun	Summer Learning	07/01/2011	8,830

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? 06/30/2012
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
07/2010 - 06/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 23

11. How often does your Board of Directors meet? 5 times per year

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. UWSBC's Board of Directors is comprised of former/current business and non-profit executives with decades of financial experience.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Mike Noling - Chair, Audit Committee; ph: 969-0785; email: mnoling@gmail.com

Rick Nightingale, CPA - Audit Committee; ph: 963-1837; email: rnightingale3@cox.net

Mike Bergquist - Chair, Investment Committee; ph: 568-5313; email: michael@mjbplanning.com

Rick Scott - CFO, Board of Directors; ph: 682-7300; email: rick@ccsb.org

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:			19,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:	10,000		
County Human Services Program funds:		8,830	10,000
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	41,000	53,920	55,000
Donations:			
Special fundraising events:	10,000	10,000	10,000
Client fees:			
Other funds (explain): _____ _____			
<b>Total Project Budget:</b>	<b>61,000</b>	<b>72,750</b>	<b>94,000</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	2,294	2,611	2,611
Consultants and Contracts	9,382	12,600	12,600
Facility, Utilities, Maintenance	1,000	2,000	2,000
Telephone, Fax	0	0	0
Supplies	2,233	2,500	2,500
Postage & Shipping	0	0	0
Marketing (Printing, Advertising)	1,325	1,350	1,350
Travel, Mileage, Training	0	0	0
Equipment Rental/Maintenance	0	0	0
Insurance	0	0	0
Other uses (explain): _____ _____	0	0	0
<b>Total Project Budget:</b>	<b>16,234</b>	<b>21,061</b>	<b>21,061</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:	2,810,681	1,913,046	2,850,000
Special fundraising events:	140,372	132,544	135,000
Client fees:			
Other funds (explain): <u>Investment Income</u>	1,188,370	(513,789)	562,500
_____			
_____			
<b>Total Agency Budget:</b>	<b>4,139,423</b>	<b>1,531,801</b>	<b>3,547,500</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,029,841	506,738	1,040,000
Consultants and Contracts	107,110	37,512	85,000
Facility, Utilities, Maintenance	56,342	17,790	45,000
Telephone, Fax	12,475	5,613	12,500
Supplies	395,248	34,915	150,000
Postage & Shipping	29,522	29,137	30,000
Marketing (Printing, Advertising)	42,963	33,726	52,000
Travel, Mileage, Training	81,317	91,148	110,000
Equipment Rental/Maintenance	41,541	18,979	42,000
Insurance	2,951	1,252	3,000
Other uses (explain): <u>Allocations (837,387) + uncollectible pledges (176,893)</u>	1,160,482	855,554	1,120,000
_____			
<b>Total Agency Budget:</b>	<b>2,959,792</b>	<b>1,632,364</b>	<b>2,689,500</b>



1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

UWSBC is projecting budget reductions for the 2012-2013 year primarily due to investment loss projections. Environmental factors, such as a volatile stock market, have caused UWSBC's budget to decrease slightly. While donations from Santa Barbara County residents are increasing (after three consecutive years of decreases), the decreasing value of investments in the current stock market have influenced budgetary decisions for the next three years.

For example, we have had changes in the workplace (i.e. furloughs, staff reductions, etc.) which have impacted United Way workplace campaigns, and individual donors (especially older, retired individuals) are reducing their gifts. However, UWSBC is implementing new fundraising strategies with individual major gift prospects for 2012. UWSBC is also approaching additional federal, state and other foundation funding sources, and planning new fundraising events throughout the 2012 year.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

A reduced CDBG award would still support program materials and staff at whatever level is available. All current FITS activities (literacy development, service-learning, educational workshops, field trips, etc.) are scalable and will be offered; however the number of children and youth served would be reduced. UWSBC is committed to providing at-risk children, youth, and their families with a nationally-recognized, safe, and educational summer environment. UWSBC will continue to provide services for as many families as we can support.

UWSBC's grants coordinator seeks funding from public organizations, private foundations, and corporations year-round in order to raise enough funding for next summer's FITS program. In addition to grants, UWSBC's FITS endowment (totaling over \$800,000 in assets) guarantee a minimum yearly operating budget for the FITS program.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

United Way of Santa Barbara County

\_\_\_\_\_  
(Name of Agency)

G. Paul Didier

\_\_\_\_\_  
(Typed Name of Agency Official)

President & CEO

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

January 26, 2012

\_\_\_\_\_  
(Date of Signature)

(805) 965-8591

\_\_\_\_\_  
(Telephone Number of Agency Official)

pddier@unitedwaysb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee G. Paul Didier  
depose and say that I am President & CEO  
[insert title, President, Vice President, etc.] of United Way of Santa Barbara  
County, 320 East Gutierrez Street, Santa Barbara, CA 93101

\_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Jim Armstrong</u>	<u>City Administrator, City of SB</u>	<u>2013</u>
2. <u>Gayle Beebe, Ph. D</u>	<u>President, Westmont College</u>	<u>2014</u>
3. <u>Thomas Brashears</u>	<u>Retired Business Owner</u>	<u>2013</u>
4. <u>David Cash, Ph. D</u>	<u>Superintendent, SBUSD</u>	<u>2014</u>
5. <u>Ron Cortez</u>	<u>Asst. Vice-Chancellor, UCSB</u>	<u>2014</u>
6. <u>William Curtis</u>	<u>Statewide Insurance Executive</u>	<u>2013</u>

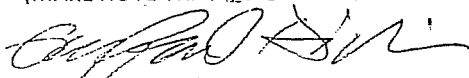
DATE: 1/24/2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:

**United Way of Santa Barbara County**  
 320 East Gutierrez Street  
 Santa Barbara, CA 93101  
 tel 805-965-8591 fax 805-962-3461  
[www.unitedwaysb.org](http://www.unitedwaysb.org)

I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

  
\_\_\_\_\_  
Signature

G. Paul Didier, President & CEO  
\_\_\_\_\_  
Print Name and Title

<b>BOARD OF DIRECTORS AFFIDAVIT</b> Continued
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	<u>Name</u>	<u>Title</u>	<u>Term Expires</u>
7.	Steve Cushman	Executive Direct, SB Chamber of Commerce	2012
8.	G. Paul Didier, CFP	President and CEO, UWSBC	2013
9.	Diane B. Doiron, CLU	Owner, Doiron Financial Associates	2013
10.	Henry Dubroff	Executive Editor, Pacific Coast Business Times	2012
11.	Blas Garza, Ed.D.		2013
12.	John T. Hanna		2012
13.	Joseph E. Holland	Clerk, Recorder & Assessor, SB County	2013
14.	George Leis	President and CEO, SBB&T	2013
15.	Robert K. Montgomery	Member, Gibson, Dunn & Crutcher	2013
16.	Michael Noling	Community Volunteer and Business Leader	2012
17.	David A. Prichard	Market President, Bank of America	2013
18.	Rick W. Scott	President, Cancer Center of SB	2014
19.	Andreea M. Serban, Ph.D.		2014
20.	William S. Thomas	Community Relations Executive, SBB&T	2014
21.	Ron Werft	President and CEO, Cottage Health System	2013
22.	John Wigle	Chairman and CEO, AGIA Insurance Services	2014
23.	Lance Connor	Reliable Engineering Services	2013

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

<b>FOR OFFICIAL USE ONLY</b>	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

<b>Total Requested Program Funding by Jurisdiction:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Santa Barbara County	\$ <u>7,740</u>
	<input type="checkbox"/> Carpinteria	\$ _____
	<input type="checkbox"/> Solvang	\$ _____

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Goleta	\$ <u>4,000</u>
	<input type="checkbox"/> Lompoc	\$ _____
	<input type="checkbox"/> Santa Maria	\$ _____

**Section A – General Program Information Summary**

- Program Title: Parent Empowerment/Early Education (PE/EE)
- Brief Summary of the Program: PE/EE is a parent/child educational program that promotes early education and parent involvement in their child's early learning and educational success.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) Santa Barbara - Westside

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: United Way of Santa Barbara County (UWSBC)
- Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
- Address of Organization:
  - Street: 320 East Gutierrez Street Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93101
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Katie Higgins
- b. Relationship to Agency: Grants Assistant
- c. Street: 320 East Gutierrez Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 8591 Ext. 107
- f. Fax: (805) 962 - 3461
- g. E-mail: khiggins@unitedwaysb.org

6. Name and contact information of Fiscal Agent:

- a. Name: Jerry Newton
- b. Agency / Organization: United Way of Santa Barbara County
- c. Street: 320 East Gutierrez Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 8591 Ext. 124
- f. Fax: (805) 962 - 3461
- g. E-mail: jnewton@unitedwaysb.org

7. Organization's Federal Identification Number (Tax ID #) 951641968

8. Agency Organizational DUNS number: 172851198  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 000660

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

This program provides services for parents with pre-school aged children attending the Mobile Waterford English Learning Project at sites in east and west side neighborhoods of downtown Santa Barbara. The parents are Spanish-speaking (some bilingual) and have very low income. Their children do not attend a pre-school. These parents have demonstrated a strong motivation to help their children develop skills and knowledge in preparation for kindergarten by taking them several times a week to the Mobile Waterford van. They also show strong attendance in the pilot parent classes organized by Healthy Start and health classes by the Santa Barbara Neighborhood Clinics (2008-2010).

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

Client parents are unaware of their important role as a child's first teacher and/or lack the time to dedicate to their child's education. Because of constant life factors (working multiple jobs, financial strain, living in domestic violence and/or substance abuse situations, and living in single housing units with multiple families), the parents we work with do not see their involvement in their child's education as a major priority. Adding to these factors are language barriers (most of these families are monolingual) and a limited educational background. As a result, these parents feel insecure and incapable of influencing their children's education. These families see schools and school teachers as the sole providers of their children's education and futures. There are currently very few programs that provide parental education on these issues both in a language these parents can understand and in their own neighborhoods.

Without parental guidance on early education, these parents' children receive fewer early learning opportunities and start Kindergarten several months, even years, behind their middle/upper income peers. This gap tends to widen through elementary school. Grades, literacy, and absenteeism by third grade predict dropouts with 90% accuracy as the frustration at not being able to compete and succeed in school becomes overwhelming.

The program arose out of UWSBC's United for Literacy Initiative, a multi-pronged set of processes to increase literacy and graduation rates in Santa Barbara County and meet our community-driven 10-Year Goals.



3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

UWSBC will use grant funds to provide educational materials and staff support for the 2012 Parent Empowerment/Parent Education program. The purpose of PE/EE is to increase parenting skills and parent involvement in Mobile Waterford clients. PE/EE provides a weekly series of six one-hour workshops that offer beneficial information, advice, and learning materials to enable parents to more skillfully meet their children's developmental, guidance, and learning needs and to promote children's literacy.

\$1,800 of the proposed grant funds would be used to provide children with Home Play Learning Kits, which include educational materials and books designed to continue children's learning at home.

The remaining \$5,940 in grant funds would go to support PE/EE staff salaries for:

- The Bi-lingual Parent Education Specialist to deliver the parent education curriculum and develop parenting plans with parents (\$1,800).
- The PE/EE Project Developer to oversee the program and act as liaison among UWSBC, Mobile Waterford English Learning Project, and PE/EE staff and participants (\$2,600).
- Employee benefits calculated at 35%.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Project developer, supervisor, instructor: Theresa Weissglass, M.A., Education, UCSB (emphasis in Early Childhood Education and Parent Education); Retired Director, Santa Barbara School Districts' Healthy Start & ASES/A-OK Programs (1992-2009); Instructor, SBCC Early Childhood Education Department and Adult Continuing Education division (1981-1992). Designed, acquired major funding for, administered several multi-year educational programs for infants, children, adolescents, and parents.

Instructor: Rosalina Palacios, B.A.; bilingual parent education specialist; instructor in Healthy Start program and Zona Seca many years. Certificates in Parent Education, Drug & Alcohol Prevention Education.

UWSBC's numerous partnerships with local school districts, non-profit organizations, and public agencies serving similar target populations have given UWSBC the expertise and unique placement to better serve low-income children and their families. For the past 15 years, UWSBC has provided direct services to underprivileged and underserved Santa Barbara County children, families, and seniors.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

For the 2012 PE/EE program, units of service to be provided include:

- 6 weekly workshops will be provided at each of three sites during the six-week program.
- 3 Home Play Learning Kits will be provided to each child during the program.
- 375 books will be provided total.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Outcome measures for the 2012 PE/EE program are:

- 45 or more of the estimated 70 parents will attend 4 or more workshops.
- 75% of parents participating in 4 or more workshops will demonstrate more frequent use of positive child guidance (discipline) strategies and decreased use of spanking or yelling in response to difficult emotional or undesirable social behavior, as measured by pre/post questionnaire.
- 75% of PE/EE parents who attend 4 or more workshops will demonstrate increased use of language stimulation activities with the target children, as measured by a pre/post questionnaire.
- 75% of PE/EE parents who attend 4 or more workshops will demonstrate an increase in reading or telling a story to the target child as measured by a pre/post questionnaire.
- 75 % of PE/EE parents who receive home play learning kits will engage in more cognitive stimulation activities with the target child, as measured by a questionnaire and by observation during home play kit learning practice activities during the Waterford program.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

N/A

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**Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

- Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

- Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)  
Illiterate persons

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

For the 2012 PE/EE program, questions will be included on intake forms for clients to provide race and ethnicity.

### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N/A
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 145
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 145

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Operating Budget: \$1,962, 755. Revenues: Annual Campaign (\$2,002,477); Other Campaign Revenue (\$28,000); Other Revenue (\$717,500); Legacies & Bequests (\$175,000); Investment Income (\$232,500) - total \$3,155,477. Expenses: Salaries & Benefits (\$1,093,620); Professional Fees (\$81,275); Supplies/Telephone (\$361,950); Postage (\$68,427); Occupancy (\$49,400); Equipment Rental & Maintenance (\$47,000); Printing & Publications (\$48,600); Travel/Conferences (\$114,750); Miscellaneous (\$97,700) - total \$1,192,722. 2011 audit is available.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
94.018	Summer of Service	Service-Learning Education	04/10/2010	75,000
SB City CDBG	Pre-K Institutes	Early Education	07/30/2010	2,500
SBC Human Svcs	Fun in the Sun	Summer Learning	07/01/2011	8,830

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? 06/30/2012
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
07/2010 - 06/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 23

11. How often does your Board of Directors meet? 5 times per year

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. UWSBC's Board of Directors is comprised of former/current business and non-profit executives with decades of financial experience.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Mike Noling - Chair, Audit Committee; ph: 969-0785; email: mnoling@gmail.com

Rick Nightingale, CPA - Audit Committee; ph: 963-1837; email: rnightingale3@cox.net

Mike Bergquist - Chair, Investment Committee; ph: 568-5313; email: michael@mjbplanning.com

Rick Scott - CFO, Board of Directors; ph: 682-7300; email: rick@ccsb.org

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:		7,740	5,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	3,000	1,500	5,000
Donations:			
Special fundraising events:			
Client fees:			
Other funds (explain): <u>UWSBC Campaign Funds</u>	18,990	12,750	8,990
<b>Total Project Budget:</b>	<b>21,990</b>	<b>21,990</b>	<b>21,990</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	10,260	10,260	10,260
Consultants and Contracts			
Facility, Utilities, Maintenance	5,283	5,283	5,283
Telephone, Fax			
Supplies	3,030	3,030	3,030
Postage & Shipping	45	45	45
Marketing (Printing, Advertising)	2,000	2,000	2,000
Travel, Mileage, Training	225	225	225
Equipment Rental/Maintenance			
Insurance			
Other uses (explain): <u>Indirect/administrative (5% = \$1,047) + Conferences/Meetings (\$100)</u>	1,147	1,147	1,147
<b>Total Project Budget:</b>	<b>21,990</b>	<b>21,990</b>	<b>21,990</b>

**III. Funding Sources for Applicant’s Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities’ funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:	2,810,681	1,913,046	2,850,000
Special fundraising events:	140,372	132,544	135,000
Client fees:			
Other funds (explain): <u>Investment Income</u> _____ _____	1,188,370	(513,789)	562,500
<b>Total Agency Budget:</b>	<b>4,139,423</b>	<b>1,531,801</b>	<b>3,547,500</b>

**IV. Expenditures of Applicant’s Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,029,841	506,738	1,040,000
Consultants and Contracts	107,110	37,512	85,000
Facility, Utilities, Maintenance	56,342	17,790	45,000
Telephone, Fax	12,475	5,613	12,500
Supplies	395,248	34,915	150,000
Postage & Shipping	29,522	29,137	30,000
Marketing (Printing, Advertising)	42,963	33,726	52,000
Travel, Mileage, Training	81,317	91,148	110,000
Equipment Rental/Maintenance	41,541	18,979	42,000
Insurance	2,951	1,252	3,000
Other uses (explain): <u>Allocations (837,387) + uncollectible pledges (176,893)</u> _____	1,160,482	855,554	1,120,000
<b>Total Agency Budget:</b>	<b>2,959,792</b>	<b>1,632,364</b>	<b>2,689,500</b>



1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

UWSBC is projecting budget reductions for the 2012-2013 year primarily due to investment loss projections. Environmental factors, such as a volatile stock market, have caused UWSBC's budget to decrease slightly. While donations from Santa Barbara County residents are now on the rise (after three consecutive years of decreases), the decreasing value of investments in the current stock market have influenced budgetary decisions for the next three years.

For example, we have had changes in the workplace (i.e., furloughs, staff reductions, etc.) which have impacted United Way workplace campaigns, and individual donors (especially older, retired individuals) are reducing their gifts. However, UWSBC is implementing new fundraising strategies with individual major gift prospects for 2012. UWSBC is also approaching additional federal, state, and other foundation funding sources, and planning new fundraising events throughout the 2012 year.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

A reduced CDBG award would still support program materials and staff at whatever level is available. UWSBC is committed to educating parents and their children and will provide the PE/EE program for as many families as we can support. UWSBC's grants coordinator seeks funding from public organization, private foundations, and corporations year-round in order to raise enough funding to guarantee a minimum yearly operating budget for the PE/EE program.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

United Way of Santa Barbara County


\_\_\_\_\_  
(Name of Agency)

G. Paul Didier

\_\_\_\_\_  
(Typed Name of Agency Official)

President & CEO

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

January 26, 2012

\_\_\_\_\_  
(Date of Signature)

(805) 965-8591

\_\_\_\_\_  
(Telephone Number of Agency Official)

pdidier@unitedwaysb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee G. Paul Didier  
depose and say that I am President & CEO  
[insert title, President, Vice President, etc.] of United Way of Santa Barbara  
County, 320 East Gutierrez Street, Santa Barbara, CA 93101

\_\_\_\_\_ [insert name and address of Agency]:

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Jim Armstrong</u>	<u>City Administrator, City of SB</u>	<u>2013</u>
2. <u>Gayle Beebe, Ph. D</u>	<u>President, Westmont College</u>	<u>2014</u>
3. <u>Thomas Brashears</u>	<u>Retired Business Owner</u>	<u>2013</u>
4. <u>David Cash, Ph. D</u>	<u>Superintendent, SBUSD</u>	<u>2014</u>
5. <u>Ron Cortez</u>	<u>Asst. Vice-Chancellor, UCSB</u>	<u>2014</u>
6. <u>William Curtis</u>	<u>Statewide Insurance Executive</u>	<u>2013</u>

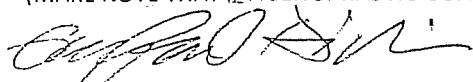
DATE: 1/24/2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:

**United Way of Santa Barbara County**  
 320 East Gutierrez Street  
 Santa Barbara, CA 93101  
 tel 805-965-8591 fax 805-962-3461  
[www.unitedwaysb.org](http://www.unitedwaysb.org)

I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

  
\_\_\_\_\_  
Signature

G. Paul Didier, President & CEO  
\_\_\_\_\_  
Print Name and Title

<b>BOARD OF DIRECTORS AFFIDAVIT</b> Continued
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	<u>Name</u>	<u>Title</u>	<u>Term Expires</u>
7.	Steve Cushman	Executive Direct, SB Chamber of Commerce	2012
8.	G. Paul Didier, CFP	President and CEO, UWSBC	2013
9.	Diane B. Doiron, CLU	Owner, Doiron Financial Associates	2013
10.	Henry Dubroff	Executive Editor, Pacific Coast Business Times	2012
11.	Blas Garza, Ed.D.		2013
12.	John T. Hanna		2012
13.	Joseph E. Holland	Clerk, Recorder & Assessor, SB County	2013
14.	George Leis	President and CEO, SBB&T	2013
15.	Robert K. Montgomery	Member, Gibson, Dunn & Crutcher	2013
16.	Michael Noling	Community Volunteer and Business Leader	2012
17.	David A. Prichard	Market President, Bank of America	2013
18.	Rick W. Scott	President, Cancer Center of SB	2014
19.	Andreea M. Serban, Ph.D.		2014
20.	William S. Thomas	Community Relations Executive, SBB&T	2014
21.	Ron Werft	President and CEO, Cottage Health System	2013
22.	John Wigle	Chairman and CEO, AGIA Insurance Services	2014
23.	Lance Connor	Reliable Engineering Services	2013

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

**FOR OFFICIAL USE ONLY**

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- |  |           |
|--|-----------|
| <input checked="" type="checkbox"/> Santa Barbara County | \$ 25,000 |
| <input type="checkbox"/> Carpinteria                     | \$ _____  |
| <input type="checkbox"/> Solvang                         | \$ _____  |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> Goleta      | \$ 7,500  |
| <input checked="" type="checkbox"/> Lompoc      | \$ 15,000 |
| <input checked="" type="checkbox"/> Santa Maria | \$ 15,000 |

**Section A – General Program Information Summary**

- Program Title: Healthy Senior Lunch
- Brief Summary of the Program: This program provides a daily, hot lunch to low-income senior citizens at countywide community centers or through home delivery for housebound seniors.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) countywide

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: Community Action Commission of Santa Barbara County, Inc.
- Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
- Address of Organization:
  - Street: 5638 Hollister Ave. Suite # 230
  - City: Goleta State: CA Zip: 93117
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Matt Dwyer
- b. Relationship to Agency: Program Director, Nutrition Services
- c. Street: 5638 Hollister Ave. Suite/Apt. # 230
- d. City: Goleta State: CA Zip: 93117
- e. Work Phone: (805) 925-3010 Ext. \_\_\_\_\_
- f. Fax: (805) 925-5191
- g. E-mail: mdwyer@cacsb.com

6. Name and contact information of Fiscal Agent:

- a. Name: Louise Lindberg
- b. Agency / Organization: Community Action Commission (Controller)
- c. Street: 5638 Hollister Ave. Suite # 300
- d. City: Goleta State: CA Zip: 93117
- e. Work Phone: (805) 964-8857 Ext. 122
- f. Fax: (805) 683-0417
- g. E-mail: llindberg@cacsb.com

7. Organization's Federal Identification Number (Tax ID #) 95-2491790

8. Agency Organizational DUNS number: 098387178  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # \_\_\_\_\_

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

The target population is low-income senior citizens, who will be served at countywide community centers and through home delivery for homebound and medically vulnerable individuals. Approximately one third of the seniors we serve are Hispanic/Latino. Income levels are 76% Extremely Low Income, 10% Very Low Income, 10% Low/Moderate Income and 4% Moderate Income. The majority of clients are female heads-of-household. Homebound seniors comprise 42% of the target population; 58% of seniors are served at community centers.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

Seniors 65 and older living below the poverty level make up 6.3% of the total population of Santa Barbara County - 25,327 individuals. Approximately 90% of CAC's senior meal participants live at or below the poverty line.

Hunger rates have more than doubled for low-income seniors in recent years, according to the U.S. Senate Subcommittee on Primary Health and Aging in 2011. Among Federal Elderly Nutrition Program participants, 73% of home-delivered meal recipients are at high nutritional risk; of these, 62% receive half or more of their daily food intake from their home-delivered meal.

Virtually all 600+ CAC home-delivered meals clients are disabled in some way. They - and many of our congregated clients - may be unable to walk, drive, grocery shop, or cook.

"Study after study shows that adequate nutrition (for seniors) is vitally important for promoting health, decreasing chronic disease, maintaining functionality, and helping older adults remain independent at home," according to the Assistant Secretary of the U.S. Administration on Aging.

Surveys conducted locally by CAC reveal that 1/3 of seniors would have to choose between eating and paying rent and another third would have to choose between eating and buying prescription medicine, without Healthy Senior Lunch.



3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Healthy Senior Lunch provides hot, nutritious, USDA-approved meals to low-income senior citizens. CAC collaborates with twelve community centers to serve lunch Monday through Friday from noon until 1:00 p.m. At the Healthy Table centers, seniors eat together, interact with friends and acquaintances, and engage in recreational activities and special events. These are valuable socialization opportunities that reduce the isolation and loneliness that seriously impact the senior community.

In addition, Healthy at Home delivers hot meals to homebound Santa Barbara seniors five days a week. On Friday, an additional two frozen meals are delivered for the weekend. If a senior needs a microwave or a stove that works in order to heat these meals, Senior Nutrition will connect them with CAC Energy Services.

Program staff are trained to do much more than deliver meals. They check on the welfare of elders and help connect them with needed health and support services such as transportation and visiting nurses. They also provide cheerful daily human contact - often the only direct contact that clients have all day.

CAC prepares all meals from scratch at its Santa Maria and Santa Barbara kitchens using fresh, local produce as much as possible. Deliveries are made using "Hot Shot" vehicles. A \$3.00 donation is suggested; however, no senior is ever turned away. Grant funds will pay for raw, bulk food.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

CAC currently has 303 full time staff and 74 part-time staff filling 78 different position titles. Each position has specific qualifications that must be met in order to be hired. The Executive Director, Fran Forman, has been with CAC for 11 years and has led the agency for six years. She has completed all the coursework for a Masters Degree in Human Development at Pacific Oaks College. Four Program Directors are responsible for each of CAC's four core service areas: Nutrition Services (within which the Healthy Senior Lunch program resides), Children's Services, Family and Youth Services and Energy Services.

Matt Dwyer is the Program Director of CAC Nutrition Services and has been with CAC since 2008. Prior to joining CAC he was the Director of Food Service for the Guadalupe Union School District from 2004 to 2008 and for the Reef-Sunset School District in Avenal, CA from 2001 to 2004.

CAC has been in operation for 44 years and successfully manages and reports on over 50 contracts with government and private agencies. The agency Human Resources Department maintains the Personnel Policy Manual, which has an affirmative action plan and grievance procedure.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

The unit of service to be provided will be meals served to seniors and meals delivered to homebound clients.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Outcome measures will include 1.) the total number of unduplicated individuals served; 2.) the number of meals served at community centers and 3.) the number of home delivered meals provided to housebound seniors. Daily records of who is served and the number of meals served are kept at the community sites by the Site Host. Daily records for homebound clients and home-delivered meals are kept by the Delivery Drivers. Records are transmitted weekly to administrative staff at CAC Nutrition Services offices in South and North County. The South and North County Managers analyze numbers in order to determine trends in numbers of individuals served and numbers of meals served. Impact is measured by a periodic survey that determines what kind of difference Healthy Senior Lunch has made and makes in the lives of our clients. Survey questions ask what would result if the service did not exist, what the service enables clients to do, and if clients would like to state any concerns or comments regarding the program. Surveys are analyzed collaboratively by Nutrition Services and Central Administrative Services staff. Results are disseminated in newsletters, reports and meetings.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

There is no fee charged for healthy Senior Lunch. A \$3.00 donation is suggested but not often received. No senior is ever turned away due to inability to make a donation. CAC serves the lowest income clients of all Santa Barbara County home delivered meal programs and receives referrals of clients who cannot afford to pay for other programs.

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## **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

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2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N.A.
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 1470
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N.A.
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N.A.
- e. **Total persons benefiting from this project:** 1470

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Our 2012 operating budget is at \$24,815,448 and a copy itemizing revenues and expenses is attached. The Fiscal Department has a controller, accounting manager, 2 accountant/auditor positions and 9 other staff. We use the GMS Accounting Software for non-profit organizations. We process finance reports through the general ledger; these are viewed by the Finance Committee and Board of Directors monthly. There are monthly meetings with the Board of Directors to review the reports. The monthly reports record every transaction for each project and then summarize them for each line item. They are then summarized to an agency-wide report. All invoices are paid according to the terms of the invoice and we process checks two times each week. We are required to have an A133 audit and Child Development audit annually.

2. **Federal Grant Experience within past 5 years:**  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
HHS/ACYF	Head Start	kindergarten readiness	1967	\$10,479,181

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? December 31
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
1/2010 - 12/2010 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 15

11. How often does your Board of Directors meet? monthly

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. business owners, representatives of local government

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Robert Godfrey is a business owner and is Secretary /Treasurer of the Board. He serves on the Finance Committee, which meets monthly. The Finance Committee reviews the monthly statements, reviews other financial analysis and reports - including cash flow reports and certain project reports in detail.  
Other Board members have business knowledge and 5 are City Council members. R. Godfrey: 684-4558

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.



**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	23,153	22,831	25,000
CDBG funds requested for this program from other jurisdictions	46,102	47,715	57,000
Other local cities' funds:			
County Human Services Program funds:	102,328	76,499	90,000
Other Federal funds:	92,331	92,647	94,750
State funds:	701,289	651,443	651,443
Private trusts and foundation funds:	44,000	55,939	75,000
Donations:			
Special fundraising events:	2,484	120,000	135,646
Client fees:	126,765	151,193	152,000
Other funds (explain): <u>In-Kind, CAC</u>	412,912	303,320	268,800
<b>Total Project Budget:</b>	<b>1,551,364</b>	<b>1,521,587</b>	<b>1,549,639</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	559,864	582,670	594,323
Consultants and Contracts	609,315	537,961	548,720
Facility, Utilities, Maintenance	34,555	34,450	34,450
Telephone, Fax	3,781	3,890	3,950
Supplies	8,052	4,682	5,001
Postage & Shipping			300
Marketing (Printing, Advertising)	409	1,850	1,875
Travel, Mileage, Training	1,455	2,944	2,500
Equipment Rental/Maintenance	33,005	25,650	26,900
Insurance	8,139	13,500	13,500
Other uses (explain): <u>In-Kind, Computer Serv., Licenses &amp; Taxes, Indirect Costs</u>	292,789	313,990	318,120
<b>Total Project Budget:</b>	<b>1,551,364</b>	<b>1,521,587</b>	<b>1,549,639</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	23,153	22,831	25,000
CDBG funds requested <u>for this program</u> from other jurisdictions	46,102	47,715	57,000
Other local cities' funds:	137,907	166,996	211,615
County Human Services Program funds:	102,328	76,499	90,000
Other Federal funds:	11,753,803	11,293,155	11,308,797
State funds:	7,644,049	6,848,398	5,053,097
Private trusts and foundation funds:	155,262	129,329	150,000
Donations:	181,033	102,500	102,500
Special fundraising events:	89,646	75,000	75,000
Client fees:	2,026,224	1,949,779	1,849,896
Other funds (explain): <u>In-Kind, public funding, other local funding, other S.B. County funding, other</u>	6,194,801	6,087,206	6,292,543
<b>Total Agency Budget:</b>	<b>28,354,308</b>	<b>26,799,408</b>	<b>25,215,448</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	17,391,444	14,440,815	14,774,241
Consultants and Contracts	3,258,593	3,224,658	2,158,910
Facility, Utilities, Maintenance	1,246,714	1,042,895	1,226,258
Telephone, Fax	166,138	142,843	145,000
Supplies	3,328,449	3,309,511	2,279,428
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training	405,511	384,220	344,479
Equipment Rental/Maintenance	90,897	119,439	101,223
Insurance	126,960	118,380	117,000
Other uses (explain): <u>Vehicle exp., Depreciation, In-Kind, Advertising, Indirect Cost, Misc.</u>	2,339,602	4,016,647	4,068,909
<b>Total Agency Budget:</b>	<b>28,354,308</b>	<b>26,799,408</b>	<b>25,215,448</b>



1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The Agency's budget has decreased because of ARRA funding going away. State funding has decreased in several contracts and local funding sources are giving less each year.

The economic situation as it is now makes it difficult to estimate what will happen in the next three years. Funding is being decreased and CAC is looking for new avenues to increase its revenue base by looking at more private funding, social enterprise and new programs that fit into our mission and goals to help the children, families, and adults of Santa Barbara County.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

If our funding is reduced we will have to put needy seniors on a waiting list. This means that seniors that need nutritional meals will not have them and many may not be able to stay in their own homes because of the lack of service.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Community Action Commission

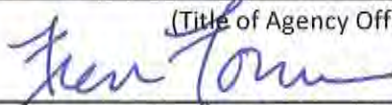
\_\_\_\_\_  
(Name of Agency)

Fran Forman

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

1/4/2012

\_\_\_\_\_  
(Date of Signature)

805-964-8857, extension 154

\_\_\_\_\_  
(Telephone Number of Agency Official)

fforman@cacsb.com

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Gayle Pratt  
depose and say that I am Chair  
[insert title, President, Vice President, etc.] of the Community Action Commission  
Board of Directors

5638 Hollister Ave., Suite 230, Goleta, CA 93117  
\_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Rachael Novoa</u>	<u>Vice Chair</u>	<u>N.A.</u>
2. <u>Rob Godfrey</u>	<u>Secretary/Treasurer</u>	<u>N.A.</u>
3. <u>Karin Dominguez</u>	<u>Member</u>	<u>N.A.</u>
4. <u>Georgene Lowe</u>	<u>Member</u>	<u>N.A.</u>
5. <u>Patricia Luna</u>	<u>Member</u>	<u>N.A.</u>
6. <u>Geneva Ordonio</u>	<u>Member</u>	<u>N.A.</u>

DATE: 1/4/2012

AT: Solvang, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:

I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Signature

Gayle Pratt, CAC Board President  
Print Name and Title

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

<b>FOR OFFICIAL USE ONLY</b>	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- Santa Barbara County**      \$ 15,000.00
- Carpinteria**      \$ \_\_\_\_\_
- Solvang**      \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta**      \$ \_\_\_\_\_
- Lompoc**      \$ \_\_\_\_\_
- Santa Maria**      \$ 5,000.00

**Section A – General Program Information Summary**

1. Program Title: Eric Okerblom Memorial Clinic
2. Brief Summary of the Program: Medical care for the uninsured working poor and unemployed who cannot afford health care. Medical care is provided at no cost.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Orcutt &, Santa Maria Valley

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Eric Okerblom Foundation
2. Are you a 501(c) organization?  yes    no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 1145 E. Clark Avenue      Suite # F
  - b. City: Orcutt      State: CA      Zip: 93455
4. Mailing Address (if different from above):
  - a. Street: 1014 Fairway Vista Drive      Suite # \_\_\_\_\_
  - b. City: Santa Maria      State: CA      Zip: 93455

5. Person to Contact Regarding this Application:

- a. Name: Eilene Okerblom
- b. Relationship to Agency: Clinic Director
- c. Street: 1014 Fairway Vista Drive Suite/Apt. # \_\_\_\_\_
- d. City: Santa Maria State: CA Zip: 93455
- e. Work Phone: ( 805 ) 680 - 5974 Ext. \_\_\_\_\_
- f. Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- g. E-mail: okergrace@yahoo.com

6. Name and contact information of Fiscal Agent:

- a. Name: Eilene Okerblom
- b. Agency / Organization: Eric Okerblom Foundation
- c. Street: 1014 Fairway Vista Drive Suite # \_\_\_\_\_
- d. City: Santa Maria State: CA Zip: 93455
- e. Work Phone: ( 805 ) 714 - 0646 Ext. \_\_\_\_\_
- f. Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- g. E-mail: okergrace@yahoo.com

7. Organization's Federal Identification Number (Tax ID #) 27-3435365

8. Agency Organizational DUNS number: \_\_\_\_\_  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # \_\_\_\_\_

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

The medically uninsured that do not qualify for other subsidized medical care and cannot afford medical insurance or medical care. This population group includes:

1. Part-time employees that do not qualify for health insurance
2. Unemployed
3. Small business owners and their employees
4. Contract employees
5. Minimum wage employees
6. Parents who have their children insured through Healthy Families, but they are uninsured
7. Community college students
8. In home caregivers

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

One in five people living in California are uninsured. In Santa Maria 15.5% of the population lives below the poverty level. The unemployment rate in Santa Maria is 9.6% and the median household income is \$52,000.00. If health insurance is not provided or subsidized by an employer, a family will pay \$1,200 - \$2,000 a month for coverage. I am a healthy 60 year old female and I pay \$10,000 a year for medical insurance without wellness or preventative care coverage.

The poorest in our community can access care through the County of Santa Barbara, Medical, or the Medically Indigent Program (MIA). The homeless shelter has a Community Health Clinic across the street, and Guadalupe has a Marian Community Clinic , Community Health Clinic and a Free Clinic every Thursday night. The population group in the middle between the poorest and those with significant income, are not receiving needed medical care.

An average urgent care visit will cost \$120.00, excluding any diagnostic testing. The uninsured patient with chronic diseases, such as, asthma, diabetes and hypertension are going without medical care, because they cannot afford it.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

The Eric Okerblom Memorial Clinic is staffed by volunteers and the space is donated. The Clinic is free to anyone without health insurance. We do not charge for any testing we can do in the Clinic. Grant funds would be used specifically for outside diagnostic testing and medical malpractice insurance for volunteer physicians, nurse practitioners, and registered nurses. Currently, we cannot add providers to expand our services until we have a separate malpractice policy specifically for the Clinic.

Outside diagnostic testing includes laboratory, pathology and imaging. Malpractice insurance would cover all of the medical staff providing care at the Clinic.

Our clinic has been able to obtain drastic discounts for diagnostic testing through affiliation with other charitable medical clinics. Malpractice insurance cost will be reduced by fifty percent through this affiliation.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

All of the staff are volunteers. Our staff consists of one physician, one nurse practitioner, one registered nurse, two medical assistants and two receptionists. The Clinic is open one night a week from 5:30 P.M. - 9:00 P.M. Patients are seen by appointment. We have been providing care to approximately 100 patients a month. The Clinic has been open for approximately 6 months.



5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Health care provided by trained medical staff. Our physician is an M.D. with Board Certification in Family Practice and has over twenty seven years of experience. Medical care is provided to all age groups from newborns to the elderly. The physician and nurse practitioner provide treatment for chronic diseases and acute illness. Children and adults receive comprehensive health assessments.

Financial assistance for outside diagnostic services. We do not have any funds to provide assistance at this time. We do have access to significantly reduced pricing for diagnostic testing referred from our Clinic.

Our current medical staff is working under "extended hours" of the daytime physician malpractice insurance. The Clinic needs to be separately insured for the current providers, as well as, additional physician/medical staff volunteers. We will need to have medical malpractice insurance for the Clinic before we can recruit additional providers.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

1. Number of patients care was provided for
2. Number of patients with chronic illnesses that had gone without treatment, prior to accessing care at the Clinic
3. Number of patients requiring outside diagnostic testing with assistance from the Clinic
4. Number of patients receiving medication samples, pharmaceutical assistance, and reduced cost for drugs
5. Effectiveness of treatment  
(Is the out of control diabetes on the first visit now controlled, etc.)

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

There are no fees for the services provided by the Clinic.  
We do accept donations.

---

### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

---

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 300
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 660
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: \_\_\_\_\_
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: \_\_\_\_\_
- e. **Total persons benefiting from this project:** 960

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

The staff is all volunteer.  
 Medical office space and medical supplies are donated.

We are requesting funds to provide outside diagnostic testing for patients and malpractice insurance for our medical providers.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? December 31
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
 \_\_\_\_\_(Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

**If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.**

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 4-7

11. How often does your Board of Directors meet? Quarterly

12. Does your Board of Directors have an audit committee? No

13. Describe the financial expertise currently serving on your Board of Directors. One member is an attorney,  
and another member has experience in health care administration

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.  
No one at this time. All services have been provided by volunteers and donations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:			\$15,000
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:			\$600.00
Special fundraising events:			
Client fees:			
Other funds (explain): _____ _____			
<b>Total Project Budget:</b>			<b>\$15,600.00</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes			
Consultants and Contracts			
Facility, Utilities, Maintenance			
Telephone, Fax			\$360.00
Supplies			
Postage & Shipping			
Marketing (Printing, Advertising)			\$500.00
Travel, Mileage, Training			
Equipment Rental/Maintenance			
Insurance			\$4,000.00
Other uses (explain): <u>Medical diagnostic testing</u>			10,740.00
<b>Total Project Budget:</b>			<b>\$15,600.00</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:			
Other funds (explain): _____ _____ _____			
<b>Total Agency Budget:</b>			

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes			
Consultants and Contracts			
Facility, Utilities, Maintenance			
Telephone, Fax			
Supplies			
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training			
Equipment Rental/Maintenance			
Insurance			
Other uses (explain): _____ _____			
<b>Total Agency Budget:</b>			

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Medical malpractice insurance must be obtained for function of the Clinic.  
No additional providers will volunteer without medical malpractice insurance for the care they give at the Clinic. Physicians are not covered by their individual malpractice insurance when they are working outside of their regular practice. Retired physicians will not volunteer without medical malpractice in place.

At this time, we have current patients needing diagnostic testing they cannot afford.  
As the Clinic expands there will be increasing need for diagnostic testing.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

We may or may not be able to continue our medical malpractice insurance for our current providers under the individual policy of the physician who practices in the same location and volunteers after hours.

We will not be able to add volunteer providers without a separate medical malpractice policy for the Clinic. It will limit the number of patients we can care for.

The uninsured patient without the resources to pay for outside diagnostic testing will go without.  
Many patients with undiagnosed and untreated illnesses, will eventually have a medical crisis and seek treatment in the local hospital emergency room.



**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Eric Okerblom Memorial Clinic

\_\_\_\_\_  
(Name of Agency)

Eilene Okerblom

\_\_\_\_\_  
(Typed Name of Agency Official)

Director

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

January 21, 2012

\_\_\_\_\_  
(Date of Signature)

805 680-5974

\_\_\_\_\_  
(Telephone Number of Agency Official)

okergrace@yahoo.com

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Eilene Okerblom  
 depose and say that I am Secretary  
 [insert title, President, Vice President, etc.] of \_\_\_\_\_  
Eric Okerblom Foundaton  
Director of the Eric Okerblom Memorial Clinic  
 \_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Robert W. Okerblom, M.D.</u>	<u>Chief Executive Officer</u>	<u>6/2014</u>
2. <u>Eilene Okerblom, R.N., CHPN</u>	<u>Secretary</u>	<u>6/2014</u>
3. <u>William Okerblom, M.D., J.D.</u>	<u>Chief Financial Officer</u>	<u>6/2014</u>
4. <u>Jenna Okerblom</u>	<u>Treasurer</u>	<u>6/2014</u>
5. _____	_____	_____
6. _____	_____	_____

DATE: 1/21/2012

AT: Santa Maria, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
 (MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

*Eilene Okerblom*  
 Signature

Eilene Okerblom, Secretary  
 Print Name and Title



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

<b>FOR OFFICIAL USE ONLY</b>	
Rec'd _____	
Initials _____	
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- Santa Barbara County      \$ 22,500
- Carpinteria      \$ \_\_\_\_\_
- Solvang      \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta      \$ \_\_\_\_\_
- Lompoc      \$ \_\_\_\_\_
- Santa Maria      \$ \_\_\_\_\_

**Section A – General Program Information Summary**

- Program Title: Community Living Services
- Brief Summary of the Program: The purpose of this program is to assist Santa Barbara community members with disabilities in their efforts to achieve the highest level of independence possible.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) Countywide

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: Independent Living Resource Center, Inc
- Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
- Address of Organization:
  - Street: 423 W. Victoria St Suite # \_\_\_\_\_
  - City: Santa Barbara State: CA Zip: 93101
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

**Community Living Advocates (CLA) provide services to:**

**\*Persons with disabilities who require housing, and/or in-home assistance with one or more activities in order to live independently;**

**\* Consumers who are willing to participate in goal setting and their service plan;**

**\* Individuals with a goal of maintaining or beginning an independent living situation;**

**\* Those who require assistance with their personal care, or maintaining their home;**

**\* Those who require assistance in locating affordable, accessible housing, and**

**\* Those who need support in filling out applications and interviewing prospective landlords.**

**\* 80% are low-income persons, who are either underemployed or receiving public assistance such as Supplementary Security Income, State Disability Insurance, Social Security or other fixed income pensions, and/or In-Home Supportive Services.**

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

**The needs described here have been identified by people with disabilities statewide and nationally. For persons who have mobility limitations to be able to live independently in an abode of their own choosing, individuals with disabilities need to be able to hire and manage personal assistants. These care providers assist in a number of different ways making it possible for the person with the disability (their employer) to function in such a way as to be able to participate in community life. Finding housing is extremely difficult and training for seeking housing, and interview skills, home maintenance and modification are a requirement for many consumers. Housing and in-home care providers are essential to sustain a life outside of institutions or with relatives. As difficult as it is finding housing in this county, it is very difficult to get a landlord to rent to people with disabilities.**

**The most recent needs assessment was a statewide study commissioned by the State Independent Living Council (whose members are appointed by the governor) identified the need for personal assistance services among persons with disabilities. Issues such as housing, transportation and employment rank with personal assistance issues as most important to the Disability community.**

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? Please be sure to include what the requested grant funds will be used for specifically. (250 words or less)

Funds will be used for staff to work with consumers who will either receive a personal assistant management training or Housing Seeking skills training, and be invited to participate in an Individual Living Plan to accomplish the objectives needed to achieve their goal of living independently and self-directing their care. Those seeking housing will be provided training in housing searches, assistance with applications and interviewing techniques to disarm a potential landlord from their fears of renting to a person with a disability or who utilizes Section 8. Our benefits specialist will assist consumers who need financial assistance for housing. Home maintenance and modification training curricula will be provided as needed. Most consumers needing in-home care will require more extensive personal assistance management training in order to acquire skills necessary to be able to effectively coach, train and supervise their employee to fulfill the duties and requirements of their in-home care needs, self direct their own care, interview and hire someone. Consumers will request and receive referrals of prescreened personal assistants for interview and selection. Approximately 66% of these consumers will follow through with the interviewing and hiring process and achieve placement of a personal assistant employee. In order to increase capacity in the North County , Santa Maria office to meet the service request needs, a portion of the requested funds will go to increasing this position from 10 to 20 hours a week and provide benefits.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Our Executive Director, Josephine Black, has over 25 years experience leading our organization by example of the Independent Living Philosophy and Model of service provision. She holds a BA in Psychology and an MPA (Masters in Public Administration) from California State University at Northridge. Program Manager, Kathleen Riel is responsible for program monitoring and completion of program goals and is the supervisor of the program staff. She has 30 years with the organization with wide training and certifications in Human Resources, and Independent Living services. These positions are full time. The service providing positions include a full time Community Living Advocate in Santa Barbara South County and 10 hrs/wk of a part time position in the North County are held by Petra Lowen and Sandra Santana respectively. Each have several years experience and training in the Independent Living Service Model and provision of community living services. ILRC utilizes a Personnel Policy Manual, a Procedure Manual and a Services Provision and Documentation Manual for all employees.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Units are defined as requests for assistance with Housing or Personal assistance services. Services are measured by the number of contacts with and behalf of consumers and time per contact.

7. What *outcome measures* will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Independent living plans are drafted with each consumer, identifying their housing and/or in-home care goals. The steps that need to be taken to achieve those goals as well as time-lines are included in the plan. Success is measured by goals set and met and the consumer's participation in their taking the steps to achieve their goals. Time lines are reviewed and updated as required.

- 1) Santa Barbara County Consumers will make 500 requests for Community Living services this fiscal year.
- 2) 60% of those 400 requests for service will be for Housing services including housing referral, housing seeking skills, subsidy application and housing maintenance and modification.
- 3) 40% of the 400 requests for service will be for Personal Assistance (PA) service and will receive management training and referrals of in-home care providers.
- 4) 10 new qualified caregivers will apply to be on the PA registry per quarter (complete application form, one-on-one interview, personal references returned and a follow-up assessment).

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

Consumers are not assessed a fee for any of our services.

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### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Handicapped Individuals

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no



b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a new public service program that did not previously exist and will be available if this application is funded: \_\_\_\_\_
- b. Number of persons during one grant year with access to an improved or expanded Public service program if this application is funded: \_\_\_\_\_
- c. Number of new bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: \_\_\_\_\_
- d. Number of increased bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: \_\_\_\_\_
- e. Total persons benefiting from this project: 350

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Because of funding cuts over the recent years our operating budget shows a deficit. We have dependable, continuing Federal and State monitored funding. Fiscal management consists of the Executive Director, Business Manager and our Independent Contractor Accountant. Financial reports submitted to the Board at each monthly Board meeting. The organization is audited annually as required by funding sources. The audit is done by an Independent CPA firm. There have been no significant findings. The accounting manual outlines the policies and procedures. Record keeping is handled by the Business Manager and Bookkeeper using Quickbooks and monitored by the Accountant.

2. **Federal Grant Experience within past 5 years:**  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
Dept of Educ	RSA Advocacy	Operating & Personnel Support	1982 till now	\$162,290
Dept of Educ	RSA SLO Office	Supports ILRC SLO County Office	2002 till now	\$146,384
AB204	State of CA-Fed Pass	Operating & Personnel Support	1977 till now	\$470,923
Title VIIB	State of CA-Fed Pass	National Representation/Collab	05/01/2011	\$2,964

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? 09/30/2012
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
06/30/2010 (Month/Year - Month/Year)
5. Are there any outstanding **financial** audit findings which remain unresolved?  yes  no  
 If yes, please explain. Please note that we changed our fiscal year in 2010 so there was no audit required for the period of 07/01/2010-09/30/2010. Our 10/01/2010-09/30/2011 is currently in process.
6. Has your agency **expended** more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
If yes, please attach written explanation as a separate sheet.

10. How many members serve on your Board of Directors? 10

11. How often does your Board of Directors meet? Monthly

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. The newly elected treasurer is being advised by the former treasurer who has extensive accounting experience.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Dan Naretto, Retired from the Financial Services Industry, (805) 566-0060

Larry Laborde, Attorney, (805) 708-1801

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:			
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:			
County Human Services Program funds:	\$4,969	\$4,415	\$22,500
Other Federal funds:	83,752	82,052	82,000
State funds:			
Private trusts and foundation funds:			
Donations:			
Special fundraising events:			
Client fees:	7,072	8,103	8,478
Other funds (explain): _____ _____			
<b>Total Project Budget:</b>	<b>\$95,793</b>	<b>\$94,570</b>	<b>\$112,978</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	\$53,506	\$56,120	\$66,875
Consultants and Contracts	20,748	18,901	22,796
Facility, Utilities, Maintenance	8,939	7,713	8,966
Telephone, Fax	1,649	1,500	1,762
Supplies	1,516	1,114	1,308
Postage & Shipping	276	182	214
Marketing (Printing, Advertising)	929	944	1,110
Travel, Mileage, Training	3,064	3,455	4,493
Equipment Rental/Maintenance	3,105	2,638	3,100
Insurance	983	866	1,018
Other uses (explain): <u>Dues and Fees</u> _____	1,078	1,137	1,336
<b>Total Project Budget:</b>	<b>\$95,793</b>	<b>\$94,570</b>	<b>\$112,978</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:			
CDBG funds requested <u>for this program</u> from other jurisdictions			
Other local cities' funds:	\$21,750	\$18,000	\$18,000
County Human Services Program funds:	4,969	4,415	22,500
Other Federal funds:	898,496	872,516	870,000
State funds:			
Private trusts and foundation funds:	6,697	1,000	25,000
Donations:	12,534	25,803	35,000
Special fundraising events:			
Client fees:	168,011	197,912	185,000
Other funds (explain): <u>Contract Income</u>	65,136	118,879	120,000
_____			
_____			
<b>Total Agency Budget:</b>	<b>\$1,177,593</b>	<b>\$1,238,525</b>	<b>\$1,278,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	\$754,019	\$778,338	\$795,000
Consultants and Contracts	225,518	255,651	256,000
Facility, Utilities, Maintenance	97,161	96,417	97,000
Telephone, Fax	17,928	18,747	19,000
Supplies	16,476	14,920	15,000
Postage & Shipping	2,998	2,274	2,400
Marketing (Printing, Advertising)	10,093	21,805	18,000
Travel, Mileage, Training	33,307	43,186	43,000
Equipment Rental/Maintenance	33,745	32,979	33,000
Insurance	10,680	10,828	11,000
Other uses (explain): <u>Dues and Fees</u>	11,718	14,217	14,600
_____			
_____			
<b>Total Agency Budget:</b>	<b>\$1,213,643</b>	<b>\$1,289,362</b>	<b>\$1,304,000</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Given the bleak economic picture in the state of California, short to mid-term opportunities to increase the budget are not promising. Minor but significant decreases to local and regional funding sources have affected the overall budget negatively. We continue to fund raise and solicit donors to maximize potential federal and state matching funds.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

Personal assistant services are a state identified core service for Independent Living Centers. Keeping people with disabilities out of institutions requires an array of long term services and community supports. If full funding is not received we will not be able to increase the CLA position in our Santa Maria office and these essential services will be reduced.

**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Independent Living Resource Center, Inc

\_\_\_\_\_  
(Name of Agency)

Josephine Black

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

01/26/2012

\_\_\_\_\_  
(Date of Signature)

(805) 963-0595 ext. 108

\_\_\_\_\_  
(Telephone Number of Agency Official)

jblack@ilrc-trico.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Dondra Lopez  
 depose and say that I am Vice-President

[insert title, President, Vice President, etc.] of Independent Living Resource Center, Inc. 423 W. Victoria St. Santa Barbara, CA 93101

\_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Cherie Phoenix</u>	<u>Board President</u>	<u>06/2013</u>
2. <u>Kathryn McMillion</u>	<u>Secretary</u>	<u>11/2015</u>
3. <u>Patricia Mondragon</u>	<u>Treasurer</u>	<u>03/2016</u>
4. <u>Kathy VanSlyke</u>	<u>Member</u>	<u>01/2014</u>
5. <u>Eric Brody</u>	<u>Member</u>	<u>11/2014</u>
6. <u>Ignacio Ponce</u>	<u>Member</u>	<u>11/2015</u>

DATE: 01/26/2012

AT: Santa Barbara, CA

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX



I certify and declare under penalty of perjury that the foregoing is true and correct.  
 (MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Dondra Lopez \_\_\_\_\_  
 Signature Print Name and Title  
 Dondra Lopez, Vice-President



**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable** N/A
- Explanation of outstanding legal/litigation issues, if applicable** N/A
- Blank client intake form, with self-certification of eligibility status, if applicable** N/A



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

**FOR OFFICIAL USE ONLY**

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- Santa Barbara County      \$ 20,000
- Carpinteria      \$ \_\_\_\_\_
- Solvang      \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta      \$ \_\_\_\_\_
- Lompoc      \$ \_\_\_\_\_
- Santa Maria      \$ \_\_\_\_\_

**Section A – General Program Information Summary**

1. Program Title: Isla Vista Teen Center (IVTC)
2. Brief Summary of the Program: IVTC provides a safe alternative space for 6-12th graders to access tutoring, recreation, leadership development and mentoring during the high risk after school hours.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Isla Vista and northern Goleta

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: Channel Islands Young Men's Christian Association
2. Are you a 501(c) organization?  yes    no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 55 Hitchcock Way, Ste. Suite # 101
  - b. City: Santa Barbara State: CA Zip: 93105
4. Mailing Address (if different from above):
  - a. Street: same Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Leonor Reyes
- b. Relationship to Agency: IVTC Director
- c. Street: 889 Camino Del Sur Suite/Apt. # \_\_\_\_\_
- d. City: Isla Vista State: CA Zip: 93117
- e. Work Phone: (805) 685-9170 Ext. \_\_\_\_\_
- f. Fax: ( ) -
- g. E-mail: Leonor.Reyes@ciymca.org

6. Name and contact information of Fiscal Agent:

- a. Name: Cindy Haldstead, Chief Financial Officer
- b. Agency / Organization: Channel Islands YMCA
- c. Street: 55 Hitchcock Way, Ste. Suite # 101
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 569-1103 Ext. 19
- f. Fax: (805) 682-0619
- g. E-mail: cindy.haldstead@ciymca.org

7. Organization's Federal Identification Number (Tax ID #) 95-1643379

8. Agency Organizational DUNS number: 09001252  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 9, please provide your Registry of Charitable Trusts Registration Number: # CT-00876

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

IVTC's primary target population is the adolescent. This population can be divided into 3 stages: early adolescence (10-13), middle adolescence (14-17), late adolescence, (18-21+). IVTC works largely with early and middle adolescents, 6th – 12th grade students (11 to 18 years of age) from Isla Vista and northern Goleta. Youth are from primarily Latino, working class, economically disadvantaged low or extremely low income families. IVTC understands the tremendous impact the home and community have on adolescence, therefore IVTC also works with the parents and families of its members as well as the larger IV community.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

IV continues to grow but support services and conditions for adolescents and their families remain the same. UCSB is once again on the Top 10 Party School lists, and IV is also considered one of the top communities for property crime. IV continues to be a community characterized by rampant underage alcohol use, drug abuse and low levels of community attachment. There is a critical need for a safe alternative space for adolescents during the high risk after-school hours.

According to 2010 census reports, Isla Vista has seen a significant increase in population, growing from 18,000 to 23,000. Reports also indicates there are 700 children under 18 and approximately 200 are between 10-17 years of age. There are approximately 92 affordable housing units in IV and 51 affordable housing units in the northern Goleta community where families also seek resources for their children.

Families in Isla Vista continue to be isolated geographically and culturally, and there are still limited resources within Isla Vista and northern Goleta. These communities need an accessible and affordable safe alternative place where pre-teens and teens have access to recreation, education, tutoring, leadership development, and bilingual bicultural adult mentors.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

IVTC has been serving youth and families for over 10 years and provides a safe, fun alternative space for teens during the high risk after-school hours, open Monday through Friday 3-8pm along with special late night activities, weekend events and field trips. IVTC collaborates and works closely with other organizations to provide resources and support to teens, parents and the larger community.

This funding will help IVTC meet five critical needs of the adolescent population and the community:

1. A space that is sensitive and understanding to the adolescent population;
2. Knowledgeable and experienced supervision and guidance for youth engaged with peers in a safe; fun and healthy manner during the high risk after-school hours;
3. Opportunities for skill building through recreational, educational, cultural and leadership activities;
4. Consistent long term bilingual bicultural adult role models;
5. Tutoring and mentoring support to ensure that youth are successful in school and in life.

The funds will be used specifically to support salary expenses for our key program staff, provide healthy snacks, and pay transportation costs for larger field trips. Our key staff ensure that we are meeting the five needs listed above, and healthy snacks and field trip transportation enhance the young person's experience with our programs.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

IVTC is a program of the Youth and Family Services YMCA, one of seven independently funded and managed branches of the Channel Islands YMCA. Youth and Family Services has 15 full-time staff; 9 part-time/emergency staff. IVTC has 2 full-time staff and about 25 long-term volunteers over the course of the year. Our Program Director and Coordinator are fully bilingual and bicultural. We have staff/volunteers from various backgrounds and identify as, Caucasian, Asian, Latino, and Italian. IVTC collaborates with over 100 UCSB student volunteers for larger community events and activities. IVTC also supervises 15-20 teen volunteers completing hours for Teen Court, Probation or high school requirements throughout the year.

Yes, the Channel Islands YMCA has a personnel manual with an Equal Employment Opportunity policy (pg. 2) , a Whistleblower Policy (pg. 6) and a Problem Review Procedure (pg. 48).



5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

1. After school healthy snacks: as funds available
2. Homework assistance/tutoring: Monday - Thursday, 3-8pm
3. Recreational Activities:
  - dances: quarterly
  - sports/fitness activities: weekly
  - extended late nights: quarterly
  - sport leagues:(new) we will be implementing formal teen recreation leagues this coming year
4. Enrichment activities:
  - field trips: quarterly
  - community events: quarterly
  - service learning: quarterly and leadership development: weekly
5. Mentoring: daily

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Based on results of IVTC Youth Survey that was administered last fall 2011. 73% of teens responded that because of this program their success at school is better and 89.7% said their ability to connect with adults is better. The majority of teen center members are not involved in extra curricular activities at school or elsewhere except through the teen center activities. According to reports from local law enforcement and from parents, over the past 10 years concerns about gangs and youth violence have been significantly reduced, almost disappeared.

1. When teens are engaged at the teen center they are safe and off the streets. We will measure the weekly and yearly unduplicated youth attendance
2. We will measure the number of quarterly service learning and leadership activities and youth participants
3. We will measure the number of unduplicated youth accessing tutoring/homework support
4. We will measure number of recreational activities
5. We will measure the number of unduplicated volunteers at the teen center

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

No fees are charged for on-going programs and services. For special events or field trips participants may be asked to contribute a portion of entrance fees or other expenses.

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### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently "self-certify" on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

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2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: na
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 100
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: na
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: na
- e. **Total persons benefiting from this project:** 175



**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Youth and Family Services is an independently managed and funded branch of the Channel Islands YMCA. The YFS 2011-12 operating budget is \$1,128,176 with \$577,979 in government reimbursements and grants and \$550,197 in private foundation and individual contributions. \$100,00 in federal grants secured for 2012-13, and approximately \$215,000 in foster care reimbursements. The remaining funding is unsecured.

Fiscal management: accounting and payment system centralized, two signers required on all checks. All invoices ED-approved at branch level. Financials generated monthly and reviewed by Finance Committee. All audit records maintained at Channel Island office. Audit report issued annually, within 120 days of YE.

2. **Federal Grant Experience within past 5 years:**  
(County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
County CDBG	Isla Vista Teen Center	after-school programs	7/1/2011	9,133
City CDBG	Noah's Anchorage	shelter salary support	7/1/2011	21,000
ACF-DHHS	Street Outreach	services homeless/street youth	9/30/2011	100,000 3yrs
ADF-DHHS	Noah's Anchorage	runaway/homeless shelter	9/30/2009	136,800 3yrs

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30, 2012
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
7/1/2010-6/30/2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 20

11. How often does your Board of Directors meet? 6 times a year

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. Corporate banking CEO; City Manager; CPA; Insurance executive; VP Business Services SBCC; Investment executive; others

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	0	9133	20,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	0	0
Other local cities' funds:	0	1000	1000
County Human Services Program funds:	10,307	5895	5895
Other Federal funds:	37,499	36,900	36,900
State funds:	0	0	0
Private trusts and foundation funds:	33,408	43,500	44,000
Donations:	47,621	48,207	50,185
Special fundraising events:	247	2300	2000
Client fees:	0	0	0
Other funds (explain): _____ _____			
<b>Total Project Budget:</b>	<b>129,082</b>	<b>146,935</b>	<b>159,980</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	95,154	109,482	117,000
Consultants and Contracts	2500	5000	5000
Facility, Utilities, Maintenance	9071	8900	9000
Telephone, Fax	2833	3270	3500
Supplies	9370	8000	10,500
Postage & Shipping	9	75	100
Marketing (Printing, Advertising)	190	210	250
Travel, Mileage, Training	3290	4160	6660
Equipment Rental/Maintenance	688	408	450
Insurance	706	506	520
Other uses (explain): <u>employee background;</u> <u>admin support; reserves/repair&amp;replacemnt</u>	5269	6924	7000
<b>Total Project Budget:</b>	<b>129,082</b>	<b>146,935</b>	<b>159,980</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	0	9133	20,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	0	0
Other local cities' funds:	0	1000	1000
County Human Services Program funds:	10,307	15895	15,895
Other Federal funds:	395,254	384,543	384,543
State funds:	32,564	20,302	20,302
Private trusts and foundation funds:	168,088	417,639	300,000
Donations:	63,430	73,508	70,000
Special fundraising events:	59,056	59,050	70,154
Client fees:	0	0	0
Other funds (explain): <u>County Child Welfare foster care payments to Noah's Anchorage</u>	136,685	147,106	147,106
<b>Total Agency Budget:</b>	<b>865,384</b>	<b>1,128,176</b>	<b>1,029,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	712,954	857,764	830,000
Consultants and Contracts	2876	12,400	3000
Facility, Utilities, Maintenance	28,973	30,584	33,000
Telephone, Fax	7924	12,010	12,200
Supplies	42,521	86,450	54,000
Postage & Shipping	971	1485	1600
Marketing (Printing, Advertising)	1784	5360	5500
Travel, Mileage, Training	12,892	32,530	17,000
Equipment Rental/Maintenance	3547	3822	4000
Insurance	4616	4295	4600
Other uses (explain): <u>employee background; admin support; reserves/repair&amp;replacemnt</u>	43,546	81,476	64,100
<b>Total Agency Budget:</b>	<b>862,606</b>	<b>1,128,176</b>	<b>1,029,000</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Youth and Family Services (YFS) is one of seven independently managed and funded branches of the Channel Islands YMCA. The Channel Islands association-wide financial outlook is stable for 2012-13.

The Youth and Family Services branch, which operates the Isla Vista Teen Center is responsible for securing its own revenues and managing its own budget. Foundation and government grant funding has been trending down. However, the YFS budget grew substantially in 2011-12 when we opened My Home at Artisan Court, our supportive transitional housing program for emancipated foster youth. That program will cost less to operate over time than originally estimated, lowering expenses for the 2012-13 YFS budget, though it is a challenge to secure sustaining funds for that program.

In June, 2012, the IVTC expects to move into a new home--UCSB is donating a used modular to replace the current Teen Center building. The new larger modular will require capital improvements, and we anticipate higher operating expenses as programming options expand.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

If not fully funded we would be unable to provide daily healthy snacks, and we would be unable to provide larger group and out-of-area field trips because of limited local free transportation services.

However, sustaining core support funds would allow for consistent after school and year-round programs and a safe drop in center for youth. With sufficient staff we can also continue collaborating with other groups to offer no-cost programs for teens and families: ESL program through SBCC, a volunteer assistance tax program through United Way, weekly teen sessions with the Santa Barbara Rape Crisis Center, just to name a few. IVTC believes strongly in collaborating and maximizing resources to maintain a successful program and to expand services for the local community. We know that in order to best help the youth we need to support the environment around them--the home and the community. However, good collaborations require thoughtful, consistent and knowledgeable staff.



**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Channel Islands YMCA, Youth and Family Services


\_\_\_\_\_  
(Name of Agency)

Sal Cisneros

\_\_\_\_\_  
(Typed Name of Agency Official)

President and CEO

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

1/26/12  
\_\_\_\_\_  
(Date of Signature)

805.569.1103

\_\_\_\_\_  
(Telephone Number of Agency Official)

sal.cisneros@ciymca.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Sal Cisneros  
 depose and say that I am President and CEO  
 [insert title, President, Vice President, etc.] of \_\_\_\_\_  
Channel Islands YMCA  
55 Hitchcock Way, Ste. 101  
Santa Barbara, CA 93105 [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>George Leis</u>	<u>Board Chair</u>	<u>2014</u>
2. <u>Ric Ruffinelli</u>	<u>Chair Elect</u>	<u>2013</u>
3. <u>Robert Coles</u>	<u>Secretary</u>	<u>2014</u>
4. <u>James Armstrong</u>	<u>Treasurer</u>	<u>2014</u>
5. <u>Brian Gough</u>	<u>Past Chair</u>	<u>2012</u>
6. <u>Sal Cisneros</u>	<u>President and CEO</u>	<u></u>

DATE: January 24, 2012

AT: Santa Barbara, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
 (MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

  
 Signature

Sal Cisneros, Pres & CEO  
 Print Name and Title

**CHECKLIST OF REQUIRED DOCUMENTS**

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for CDBG Public Service funds:

**Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**

Form 501(c)

**Evidence of Insurance**

- Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
- Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"

**Most recent financial audit**

*NA*  **Program fee schedule, if applicable**

*NA*  **Explanation of outstanding legal/litigation issues, if applicable**

**Blank client intake form, with self-certification of eligibility status, if applicable**

*Census data*

*Board of directors - Channel Islands*

*Board of managers - Youth and Family Services*





**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- |  |           |
|--|-----------|
| <input checked="" type="checkbox"/> Santa Barbara County | \$ 30,000 |
| <input type="checkbox"/> Carpinteria                     | \$ _____  |
| <input checked="" type="checkbox"/> Solvang              | \$ 10,000 |

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- |                                      |          |
|--------------------------------------|----------|
| <input type="checkbox"/> Goleta      | \$ _____ |
| <input type="checkbox"/> Lompoc      | \$ _____ |
| <input type="checkbox"/> Santa Maria | \$ _____ |

**Section A – General Program Information Summary**

- Program Title: Family Support and Strengthening Program
- Brief Summary of the Program: Neighborhood Family Resource Centers to link low-income individuals and families to basic needs, employment services, medical, domestic violence and other services.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) SY, Buellton, Los Alamos and environs

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: Santa Ynez Valley People Helping People
- Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
- Address of Organization:
  - Street: 545 North Alisal Road Suite # 101
  - City: Solvang State: CA Zip: 93463
- Mailing Address (if different from above):
  - Street: P.O. Box 1478 Suite # \_\_\_\_\_
  - City: Solvang State: CA Zip: 93464

5. Person to Contact Regarding this Application:

- a. Name: Arcelia Sencion
- b. Relationship to Agency: Director of Health Care and Social Services
- c. Street: 545 North Alisal Road Suite/Apt. # 101
- d. City: Solvang State: CA Zip: 93463
- e. Work Phone: (805) 686-7353 Ext. \_\_\_\_\_
- f. Fax: (805) 686-7376
- g. E-mail: arcelia@syvphp.org

6. Name and contact information of Fiscal Agent:

- a. Name: Dean Palius
- b. Agency / Organization: Santa Ynez Valley People Helping People
- c. Street: 545 North Alisal Road Suite # 101
- d. City: Solvang State: CA Zip: 93463
- e. Work Phone: (805) 686-0295 Ext. \_\_\_\_\_
- f. Fax: (805) 686-7376
- g. E-mail: dean@syvphp.org

7. Organization's Federal Identification Number (Tax ID #) 77-0338060

8. Agency Organizational DUNS number: 941864472  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 88543

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

With a large segment of PHP's client based employed in the hospitality and tourism sector, many individuals have reported a reduction in hours and/or closure of businesses. Most individuals and families are low-income, dual wage earners. Those with low wages and unstable employment are most vulnerable and struggle to make ends meet at the end of each month. These adults, without advanced degrees or specialized vocational training, have difficulty finding higher paying or alternative employment. All families, especially children, are negatively impacted by the lack of financial stability which produces additional stress and strains a families ability to cope. Many lack transport to Lompoc or Santa Maria and with limited public transportation service, access to specialized medical care is limited. Farm-workers are isolated and live in distressed trailers or families live in crowded dwellings often 2-3 families in one apartment. A growing Senior population income is often below Federal Income Guidelines and require specialized care. Clearly economic conditions have worsened over the past twelve months and this is expected to continue. These financial problems are clearly reflected in the amount of food needed at each of PHP's bi-weekly food distribution which has had an increase of more than 30%. PHP's funding for rental and utility assistance was exhausted last year April 2010.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

The upward trend of request for services is unprecedented and PHP creates a critical safety net for families to move from crisis to stable and functioning. With a large segment of PHP's client-base employed in the hospitality and tourism sector, many individuals have reported a reduction in hours and/or closure of businesses. In a study conducted by the UCSB Economic Forecast, agriculture remains a key industry, yet agricultural wages fail to keep up with inflation and are the lowest paid industry sector in the County. The population of working poor has grown with high housing cost, this has increased requests for basic needs and health care assistance. The Free and Reduced Lunch Program enrollment (a measure of poverty) for Los Alamos is 67% and 51% in SY respectively, an increase of 160% in the last decade. The unemployment rate in Los Alamos is 13.2%, higher than the County's average. PHP has experienced an increased demand from job seekers to complete job applications and/or forms for unemployment benefits. PHP utilizes various statistical resources and publications to obtain information about unmet needs in PHP's geographic service area. In addition, PHP's Client Intake Form provides valuable information about local needs and trends including number of uninsured individuals, income levels, family size, homeless persons, and type of transportation used. For the purpose of this proposal data and studies from governmental and educational institutions was utilized including the US Census, Employment Development Department, Santa Barbara County's Children's Scorecard and Workforce Investment Board, UCSB's Economic Forecast, and California's Department of Education. External information obtained collaborates with local community analysis and trends obtained from clients, direct service staff, and community members.



3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

PHP requests a grant to support staffing and operating expenses for the Family Support and Strengthening Program, who play an essential component in PHP's delivery system to access basic and supportive services at Family Resource Centers( FRC) located in Santa Ynez, Buellton, and Los Alamos. Access to services including basic needs and other family support services can be obtained through neighborhood FRC. In a one-stop approach, all of PHP's services can be accessed including Medical and Dental Care; Emergency Services: food, rental utility assistance, Mental Health, Case Management, transportation and translation, domestic violence intervention, and links to community partners. PHP furnishes case management services to families with multiple needs and ongoing advocacy. PHP staff works closely with and outreaches to school personnel and local government programs such as WIC to identify low-income individuals or families needing specialized coordinated system of care. In many instances individuals self-refer or referred by family or friends. Research and empirical evidence also supports the assumption that the longer basic needs and health care issues are not addressed in a family, the greater the likelihood that the issues will increase in severity. Services are designed to develop collaboration between parent and PHP staff to streamline and develop an integrated system of care for the family. Best practices in case management utilized by PHP include strength-based case management, which is designed to address the client's strengths and goals. Staff work to empower clients through activities that will promote self-sufficiency and increase their knowledge of resources.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Dean Palius, Executive Director, has led PHP for fifteen years. Palius was Pres. of Alternative Management Services (17 years) a consulting firm specializing in human resources management, productivity improvement, and cost accounting. Palius has extensive non-profit management experience serving as an officer and board member with service clubs and other charitable organizations. Arcelia Sencion, Director of Health Care & Social Services, manages the FRC's. As PHP's case management supervisor, Sención brings to PHP in excess of 10 years of experience in social service case management in a non-profit environment. Family Service Coordinators furnish direct services and are Certified Applicant Assistants. They have a combined experience of 25 years working with low-income families. All FSC's are bilingual Spanish/English and have specialized skills with targeted communities including homeless, domestic violence, migrant, and special needs. PHP's Employee Manual outlines affirmative action plan and grievance procedures.

5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

If this request is fully funded, 150,000 pounds of food will be accessed by individuals in PHP's bi-weekly food program in order to reduce hunger, improve nutrition and reduce public expense. One-hundred twenty-five health insurance enrollment applications will be processed to decrease the usage hospital emergency room visits and increase the use of preventive care services. 300 clothing items including jackets will be distributed to low-income individuals. PHP staff will provide 40 round-trip transportations to families to access medical or social services and 40 paid medical treatments including doctors, dentists, prescription and mental health services will be accessed through PHP's Community Health Access Resource Team. PHP Advocates for Domestic And Child Abuse Prevention Program will provide 40 in-person emergency response assistance to 911 domestic violence related calls.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

The Family Development Matrix (FDM) Measurement is conducted at the initial intake to establish a baseline and subsequent assessment are scored to determine outcomes. PHP will conduct analysis of the results and provide feedback to staff as a guide for organizational programmatic effectiveness. The FDM is a researched based assessment tool created by California's Office of Child Abuse Prevention Office. The assessment measures ten different domains including Stability of Home or Shelter, Access to Health Services including Health Insurance, Food and Nutrition, Stability of Employment, and Education. The FDM provides reliable information from which to plan with the family how to address concerns and problems; it builds on strengths within each family and tracks changes as experienced by the family. The goal is to identify abuse risk-factors and work with family to minimize the risks. Three primary outcomes measures include Improved Access for Families to Health Care and Social Services including basic needs; Children Live in a Safe Stable, and Shelter and Nurturing Environment. Success is measured by a 10% improvement on the FDM post assessments and PHP's ability to provide concrete support in the times of need, improving parental resiliency and strengthen social supports.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

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**Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. Select LMA or LMC.

- Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

- Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)  
abused children, battered spouses, migrant farmworkers, homeless, elderly persons

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no



b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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**3. Additional Beneficiary Information**

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 1200
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 0
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 0
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: 0
- e. **Total persons benefiting from this project:** 1200

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Budget : \$1,595,285 revenue; \$1,570,150 expense with no multi-year funding commitments. CDBG funds are programs in the G.L. system. PHP follows GAAP principles. Financials are independently audited. Staff is experienced with program and cost accounting. PHP has received an unqualified audit for the past seven years. PHP utilizes the Quick Books Premier Non-Profit Edition 2008 fund accounting system including general ledger, A/P, and A/R. PHP produces quarterly fund/program Balance Sheets and Income Statements. Disbursements come from the A/P system on preprinted multi-part checks, pre-approved by other mgrs. Checks are signed by a separate executive. Payroll is processed by ADP from time cards and reimbursements are separately submitted and approved by mgrs.

2. **Federal Grant Experience within past 5 years:**  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
WIA	Youthdown2business	Low-income youth workforce pre	7/2007	\$175K/yr for 3 yrs
DFC	Promote Drug Free You	Drug Prevention	9/2007	\$100K/yr for 5 yrs
County CDBG	Family Support Svs.	Access to basic needs incl. med.	7/2011	\$27000/year
WIA	Youthdown2Business	low-income youth workforce pre	5/2010	\$163K/year

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? July 1 - June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
July 2010-June 2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)



If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 17

11. How often does your Board of Directors meet? once per month

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. The Board includes a skilled CPA that has been Treasurer for past 3 years & Board Finance Comm. including add'l. Finance experts.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Marc Owens, External Accountant: marc@syvtax.com

Harold Williams, External member Finance Committee: HWilliams@getty.edu

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	19,830	27,398	30,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	3,482	0
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	11,250	9,000	12,000
Donations:			
Special fundraising events:			
Client fees:			
Other funds (explain): <u>Other Gov't</u>	25,056	20,000	20,000
<b>Total Project Budget:</b>	<b>56,136</b>	<b>59,880</b>	<b>62,000</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	50,360	51,500	53,530
Consultants and Contracts	349	400	400
Facility, Utilities, Maintenance	816	900	900
Telephone, Fax	1,007	1,100	1,100
Supplies	1,375	1,400	1,400
Postage & Shipping	213	250	250
Marketing (Printing, Advertising)	291	300	300
Travel, Mileage, Training	1,240	1,300	1,300
Equipment Rental/Maintenance	852	900	900
Insurance	759	800	800
Other uses (explain): <u>Direct Assistance</u>	351	400	400
<b>Total Project Budget:</b>	<b>57,613</b>	<b>59,250</b>	<b>61,280</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	27,398	29,140	30,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	12,273	10,000
Other local cities' funds:	33,000	33,000	33,000
County Human Services Program funds:	33,363	29,140	30,000
Other Federal funds:	265,000	126,000	125,000
State funds:	24,800	21,000	18,000
Private trusts and foundation funds:	271,500	343,500	300,000
Donations:	217,970	109,100	110,000
Special fundraising events:	234,112	124,040	175,000
Client fees:			
Other funds (explain): <u>In-Kind Donations</u>	342,942	272,000	272,000
<u>Other Gov't/Schools</u>	258,634	197,692	200,000
<u>Thrift Store/Rents</u>	290,575 +	298,400 +	300,000 +
<b>Total Agency Budget:</b>	<b>1,999,294</b>	<b>1,595,285</b>	<b>1,603,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,102,951	1,009,600	1,030,000
Consultants and Contracts	60,626	45,700	47,000
Facility, Utilities, Maintenance	69,497	92,500	93,000
Telephone, Fax	17,078	14,000	14,000
Supplies	28,416	27,750	28,000
Postage & Shipping			
Marketing (Printing, Advertising)	10,498	4,500	4,500
Travel, Mileage, Training	16,205	19,000	19,000
Equipment Rental/Maintenance	4,300	14,000	14,000
Insurance	15,017	15,000	15,000
Other uses (explain): <u>Direct Assistance</u>	601,551	328,100	328,000
<u>Loan Principal/Int/Bad Debt/Depr/Misc</u>			
<b>Total Agency Budget:</b>	<b>1,926,139</b>	<b>1,570,150</b>	<b>1,592,500</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

PHP's Board of Directors developed a strategic plan to develop additional and sustainable short and long-term funding sources in the face of major funding cuts to the Family Strengthening Program from local school districts. PHP's new fund raising events and other efforts by Board and staff have increased locally generated revenues by more than 200%. In addition, PHP has been able to add new foundation funding to back fill nearly \$300,000 in cuts. PHP believes its ability to seek out new partnerships, both public and private, in the local community and county-wide through event sponsorship and public event support, together with its proven capacity to work collaboratively with other non-profit and government agencies, will enable the organization to sustain and maximize existing resources.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

The upward trend of request for services is unprecedented and the Family Support and Strengthening Services creates a critical safety net for families to move from crisis or vulnerable to stable and functioning. The Family Support and Strengthening Program is the only program in the Santa Ynez and Los Alamo's Valley's that addresses both on-going basic needs and provides supportive services in order for individuals and families to live in a safe and stable environment. PHP has significantly reduced and/or eliminated direct-service staff due to loss of funding in the last 4 years. Further reduction will not only negatively impact the quality of services PHP provides to individuals and families but might necessitate the creation of waiting list, reduce staffing and curtail the hours at the FRC's in Santa Ynez and Los Alamos. Since there are not other similar types of services available in PHP's service area, delays can result in negative health and social outcomes for children, individuals, and the community.



**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Santa Ynez Valley People Helping People

\_\_\_\_\_  
(Name of Agency)

Dean A. Palius

\_\_\_\_\_  
(Typed Name of Agency Official)

Chief Executive Officer

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

January 24, 2012

\_\_\_\_\_  
(Date of Signature)

805.686.0295

\_\_\_\_\_  
(Telephone Number of Agency Official)

dean@syvphp.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Pam Pilcher  
 depose and say that I am President  
 [insert title, President, Vice President, etc.] of \_\_\_\_\_  
Santa Ynez Valley People Helping People  
545 North Alisal Road, Solvang, CA 93463  
 \_\_\_\_\_ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:  
 (Please list names of current Board Members and attach an additional sheet if necessary):

	<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1.	<u>Kros Andrade</u>	<u>Member</u>	<u>6/2012</u>
2.	<u>Becky Barieau</u>	<u>Treasurer</u>	<u>6/2012</u>
3.	<u>Mike Balaban</u>	<u>Member</u>	<u>6/2012</u>
4.	<u>Jeannie Bradley</u>	<u>Member</u>	<u>6/2013</u>
5.	<u>Phyllis Hennigan</u>	<u>Member</u>	<u>6/2012</u>
6.	<u>John Martino</u>	<u>Member</u>	<u>6/2013</u>

DATE: January 26, 2012

AT: Solvang, CA (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
 (MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Pam Pilcher  
 Signature

Pam Pilcher, President  
 Print Name and Title

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**

County of Santa Barbara 2012 Application

**Section F – Program and Agency Revenue and Expense Information****I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	9,696		
CDBG funds requested <u>for this program</u> from other jurisdictions		8,784	10,000
Other local cities' funds:			
County Human Services Program funds:	3,500	2,500	2,500
Other Federal funds:			
State funds:			
Private trusts and foundation funds:	12,500	17,000	17,000
Donations:			
Special fundraising events:			
Client fees:			
Other funds (explain): _____ _____			
<b>Total Project Budget:</b>	<b>25,696</b>	<b>28,284</b>	<b>29,500</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	22,695	24,750	25,850
Consultants and Contracts	72	125	125
Facility, Utilities, Maintenance	438	450	450
Telephone, Fax	253	260	260
Supplies	331	350	350
Postage & Shipping	54	60	60
Marketing (Printing, Advertising)	68	70	70
Travel, Mileage, Training	292	300	300
Equipment Rental/Maintenance	196	200	200
Insurance	1,082	1,100	1,100
Other uses (explain): <u>Direct Assistance</u> _____	130	150	150
<b>Total Project Budget:</b>	<b>25,611</b>	<b>27,815</b>	<b>28,915</b>



County of Santa Barbara 2012 Application

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	27,398	29,140	30,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	12,273	10,000
Other local cities' funds:	33,000	33,000	33,000
County Human Services Program funds:	33,363	29,140	30,000
Other Federal funds:	265,000	126,000	125,000
State funds:	24,800	21,000	18,000
Private trusts and foundation funds:	271,500	343,500	300,000
Donations:	217,970	109,100	110,000
Special fundraising events:	234,112	124,040	175,000
Client fees:			
Other funds (explain): <u>In-Kind Donations</u>	342,942	272,000	272,000
<u>Other Gov't/Schools</u>	258,634	197,692	200,000
<u>Thrift Store/Rents</u>	290,575	298,400	300,000
<b>Total Agency Budget:</b>	<b>1,999,294</b>	<b>1,595,285</b>	<b>1,603,000</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	1,102,951	1,009,600	1,030,000
Consultants and Contracts	60,626	45,700	47,000
Facility, Utilities, Maintenance	69,497	92,500	93,000
Telephone, Fax	17,078	14,000	14,000
Supplies	28,416	27,750	28,000
Postage & Shipping			
Marketing (Printing, Advertising)	10,498	4,500	4,500
Travel, Mileage, Training	16,205	19,000	19,000
Equipment Rental/Maintenance	4,300	14,000	14,000
Insurance	15,017	15,000	15,000
Other uses (explain): <u>Direct Assistance</u> <u>Loan Principle/Int/Bad Debt/Depr/Misc</u>	601,551	328,100	328,000
<b>Total Agency Budget:</b>	<b>1,926,139</b>	<b>1,570,150</b>	<b>1,592,500</b>



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY	
Rec'd	_____
Initials	_____
<input type="checkbox"/> Logged	
<input type="checkbox"/> Scanned	

**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- Santa Barbara County      \$ 15,000
- Carpinteria      \$ \_\_\_\_\_
- Solvang      \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta      \$ \_\_\_\_\_
- Lompoc      \$ \_\_\_\_\_
- Santa Maria      \$ \_\_\_\_\_

**Section A – General Program Information Summary**

- Program Title: Sexual Assault Counseling Programs
- Brief Summary of the Program: SBRCC provides a safe place where survivors and their loved ones of sexual violence can recover and heal.
- Service Area of Proposed Program (i.e., specific city, countywide, etc.) All of South County

**Section B – General Applicant Information**

- Legal Name of Applicant Organization: Santa Barbara Rape Crisis Center
- Are you a 501(c) organization?  yes    no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
- Address of Organization:
  - Street: 433 East Cañón Perdido Street      Suite # \_\_\_\_\_
  - City: Santa Barbara      State: CA      Zip: 93101
- Mailing Address (if different from above):
  - Street: \_\_\_\_\_      Suite # \_\_\_\_\_
  - City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Yesenia Curiel
- b. Relationship to Agency: Program Director
- c. Street: 433 East Cañón Perdido Street Suite/Apt. # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963 - 6832 Ext. 16
- f. Fax: (805) 965 - 3271
- g. E-mail: yesenia@sbrcc.net

6. Name and contact information of Fiscal Agent:

- a. Name: Elsa Granados
- b. Agency / Organization: Santa Barbara Rape Crisis Center
- c. Street: 433 East Cañón Perdido Street Suite # \_\_\_\_\_
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 963 - 6832 Ext. 15
- f. Fax: (805) 965 - 3271
- g. E-mail: elsa@sbrcc.net

7. Organization's Federal Identification Number (Tax ID #) 952929455

8. Agency Organizational DUNS number: 148676869  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # 019374

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

Sexual Assault Survivors, their families and friends. The Sexual Assault Counseling Program serves individuals from extremely low and moderate income categories as defined by the City of Santa Barbara. These services are offered in English and Spanish to diverse sectors of our community including the homeless population, people with mental or physical disabilities, and people from diverse cultural backgrounds. All services are available regardless of ability to pay. The program is tailored to meet the needs of each client. SBRCC services people over the age of thirteen years old.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

Sexual assault is one of the most under reported crimes, with 60% still being left unreported (1). Sexual assault is destructive to the lives of survivors, their families and friends and to our community. It is a traumatic experience that is not limited to any racial, religious or socioeconomic group. The last fiscal year SBRCC provided services to 684 sexual assault survivors and their significant others. Research states that one in three women (2) and one in six men (3) will be sexually assaulted in their lifetimes. Studies show the following effects it may have on a survivor of sexual assault:

- 3 times more likely to suffer from depression.
- 6 times more likely to suffer from post-traumatic stress disorder.
- 13 times more likely to abuse alcohol.
- 26 times more likely to abuse drugs.
- 4 times more likely to contemplate suicide. (4)

These statistics verify that sexual assault survivors need a place where they can receive information, counseling and support. SBRCC clients are assisted in regaining a sense of power and control over their lives. Community members impacted by sexual violence require the option of specific counseling. Please see attachment 2a for resources.

## 2a. Resources

1. U.S. Department of Justice. *2005 National Crime Victimization Study*. 2005.
2. Population Information Program. Population Reports: Ending Violence Against Women, 2000. Population Information Program, Center for Communications Programs. Johns Hopkins School of Public Health and Center for Healthcare Gender Equity.
3. Dube, S.R., Anda, R.F., Whitfield, C.L., et al. (2005). *Long-term consequences of childhood sexual abuse by gender of victim*. *American Journal of Preventive Medicine*, 28, 430-438.
- Briere, J. & Elliot, D.M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27, 1205-1222.
- Holmes, W.C., & Slap, G.B. (1998). *Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management*. *Journal of the American Medical Association (JAMA)*, 280, 1855-1862.
- Lisak, D., Hopper, J. & Song, P. (1996). *Factors in the cycle of violence: Gender rigidity and emotional constriction*. *Journal of Traumatic Stress*, 9, 721-743.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14, 19-28.
4. World Health Organization. 2002.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

The following are goals established for the program:

Sexual assault survivors and/or their significant others will:

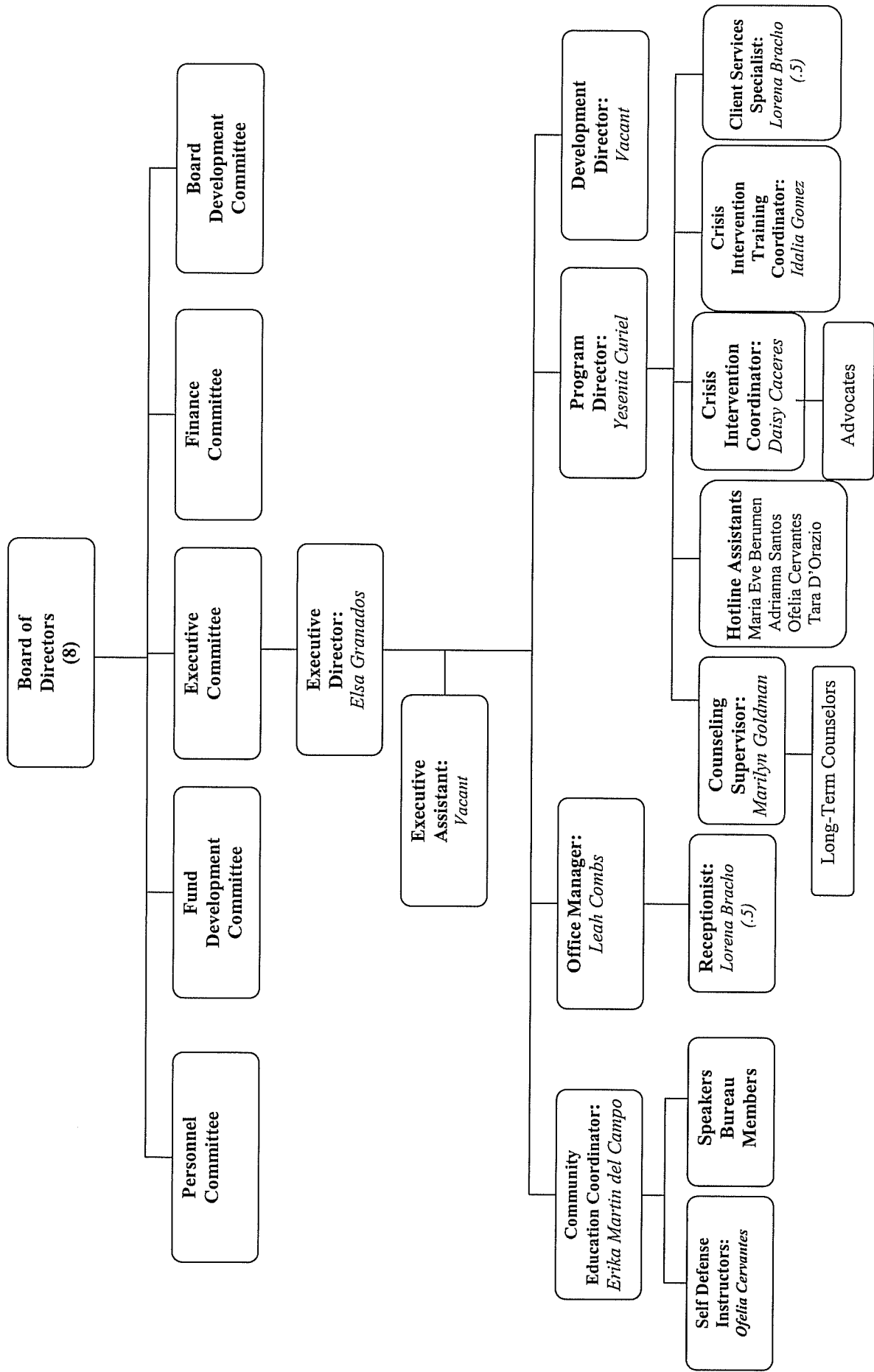
- Engage in the healing process and regain a sense of control over their lives.
- Develop tools necessary to build a network of support to break the isolation, shame and powerlessness of sexual violation.
- Receive emotional support and accurate information about sexual violence so that they can challenge the myths about sexual assault that impede their healing process.

The funds will be used to pay for the expertise of a clinical counseling supervisor who has been in the field of sexual assault for over 30 years which reinforces the quality of counseling services provided to the community. Counselors outside of SBRCC are not required to have any sexual assault training and therefore, SBRCC provides unique and vital services to the community.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

All staff members receive segregated job descriptions. Each staff member received an employee manual which includes the following employment practices Commitment to Equal Employment Opportunity (affirmative action plan) and Problem Resolution Policy (grievance procedure). All SBRCC staff members are required to take a 60-hour training to become certified sexual assault counselor. SBRCC has a total of seven full-time positions and six part-time positions. Attached is an organizational chart (4a).

# Santa Barbara Rape Crisis Center Organizational Chart



5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no

6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Counseling services, offered by SBRCC, promote healing and empowerment of individuals traumatized by the crime of sexual assault. SBRCC provides clients with individual, family, couples and group counseling sessions. Survivors of sexual assault and their significant others will receive counseling in one-hour increments for individual, couples or family counseling. Survivors of sexual assault will receive counseling in two-hour increments for group counseling sessions.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

SBRCC is the only Rape Crisis Center between Carpinteria and the Santa Ynez Valley and is the only agency that specializes in the issue of sexual violence for adolescents and adults.  
The outcomes for this program are as follows:  
- 200 clients who have been sexually assaulted or their significant others will make a decision to seek individual, family, couples and/or group counseling within the Long-term program.  
- Counseling clients will receive 900 hours of individual, couples, family or group counseling.  
- Clients will participate in a satisfaction survey once a year.



8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

SBRCC uses household income and number of people living in the household to identify the fee. SBRCC takes into account household costs and other significant expenses. Counseling services are provided on a sliding scale and the fee may range from \$5 to \$20 dollars a session.

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## **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Abused children, battered spouses, and handicapped individuals, homeless persons.

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 150
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 50
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: NA
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: NA
- e. **Total persons benefiting from this project:** 200

**Section E - Financial Information**

1. Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

SBRCC has written Financial Procedures that outline that the agency’s accounting is going to be conducted in accordance with generally accepted accounting principles and the standards applicable to financial audits contained in Government Auditing Standards. SBRCC receives State and Federal funding and this requires an independent annual audit. SBRCC has established internal controls and there is a clear fiscal review trail for each financial status report provided to SBRCC’s Finance Committee and the Board of Directors. On a monthly basis, the Finance Committee and Board of Directors review and approve status reports. The Financial Procedures also include who is responsible for record keeping, for signing checks and the preparation of reports.

2. Federal Grant Experience within past 5 years:  
 (County & City CDBG/ESG grants are examples of Federal Grants)

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
SB County	Human Services	Agency/SART	FY2011-12	\$13,245
County CDBG	Sexual Assault Counseli	Counseling	FY2011-12	\$5,479
SB City CDBG	SBRCC agency	Sexual Assault Services & Educati	FY2011-12	\$24,000
CalEMA	SBRCC agency	exual Assault Services & Educatio	FY2011-12	\$276,245

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. (Please include a copy of the most recent financial audit with your completed application— See Required Attachments). What fiscal year did this most recent audit include?  
In progress- June/2010-July/20(Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
 (Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 8

11. How often does your Board of Directors meet? Monthly

12. Does your Board of Directors have an audit committee? Yes

13. Describe the financial expertise currently serving on your Board of Directors. To assist in making financial decisions for the agency some board members have expertise in finance, business admin. & management.

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

The board has a Finance Committee which focuses on financial oversight and provides recommendations to the board on financial matters of the organization. The members of this committee have expertise in finance, banking, auditing, accounting, and bookkeeping. The board has an Endowment Cmte. & an Investment Cmte. whose members are professionals in the fields of law, finance and investment.

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Santa Barbara Rape Crisis Center  
Board of Directors**

<b>Name Contact</b>	<b>Elected/Expires (Term #)</b>	<b>Occupation/Employer</b>
<b><u>President</u></b>		
Amanda Lopez-Solis Santa Barbara, CA 93101	October 2008/11 (1)	Paralegal McCarthy & Kroes
<b><u>Vice-President</u></b>		
Chris Linz Santa Barbara, CA 93105	April 2010/13 (1)	Attorney SB County District Attorney's Office
<b><u>Treasurer</u></b>		
Leticia Anguiano Goleta, CA 93117	April 2010/13 (1)	Internal Control Officer Pacific Capital Bancorp
<b><u>Secretary</u></b>		
Ann Endress 224 W. De La Guerra St. #B Santa Barbara, CA 93101 <a href="mailto:annendress6@gmail.com">annendress6@gmail.com</a> (h) 845-8063	April 2010/13 (1)	Safeguard the Children Coordinator Wedding Coordinator Our Lady of Mount Carmel
<b><u>Members</u></b>		
Charlotte Ellen Santa Barbara, CA 93105	October 2009/12 (2)	Psychotherapist
Jose Juan Ibarra Los Olivos, CA 93441	June 2011/14 (1)	Educator  Midland School
Cristi Michelon Santa Barbara, CA 93101	February 2011/14 (2)	Attorney at Law Law Office of Eaton, Jones & Michelon
Mary O'Gorman Santa Barbara, CA 93101	May 2011/14 (1)	Chief of Staff SB County Supervisor Janet Wolf

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	5,788	5,479	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	2,500	2,500
Other local cities' funds:	0	800	800
County Human Services Program funds:	0	1,449	1,449
Other Federal funds:	28,889	11,827	11,827
State funds:	0	1,530	536
Private trusts and foundation funds:	30,000	37,309	37,000
Donations:	0	4,528	4,528
Special fundraising events:	0	0	0
Client fees:	20,531	14,000	14,000
Other funds (explain): <u>Volunteer Services</u>		45,428	45,428
<b>Total Project Budget:</b>	<b>\$85,208</b>	<b>\$124,850</b>	<b>\$133,068</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	17,708	42,424	42,424
Consultants and Contracts	22,888	25,040	25,040
Facility, Utilities, Maintenance	6,037	8,253	8,253
Telephone, Fax	436	627	627
Supplies	602	710	710
Postage & Shipping	16	49	49
Marketing (Printing, Advertising)	151	88	88
Travel, Mileage, Training	230	685	685
Equipment Rental/Maintenance	703	0	0
Insurance	316	810	810
Other uses (explain): _____	36,121	46,164	54,382
<b>Total Project Budget:</b>	<b>\$85,208</b>	<b>\$124,850</b>	<b>\$133,068</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	5,788	5,479	15,000
CDBG funds requested <u>for this program</u> from other jurisdictions	25,000	24,000	35,000
Other local cities' funds:	4,000	6,000	6,000
County Human Services Program funds:	18,585	13,245	13,245
Other Federal funds:	223,863	230,112	230,112
State funds:	52,693	44,395	44,395
Private trusts and foundation funds:	155,965	105,000	79,000
Donations:	52,978	56,150	56,000
Special fundraising events:	51,187	49,500	79,500
Client fees:	26,386	21,880	21,300
Other funds (explain): <u>Interest, Outcry!, Stock &amp; in-Kind donations</u>	120,867	21,000	24,000
<b>Total Agency Budget:</b>	<b>\$737,312</b>	<b>\$576,761</b>	<b>\$603,552</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	351,105	357,651	373,124
Consultants and Contracts	40,020	49,819	39,744
Facility, Utilities, Maintenance	80,252	83,893	86,062
Telephone, Fax	13,825	13,825	14,000
Supplies	6,286	10,457	9,062
Postage & Shipping	1,479	2,000	2,000
Marketing (Printing, Advertising)	6,931	8,395	3,228
Travel, Mileage, Training	5,735	7,111	7,391
Equipment Rental/Maintenance	7,300	0	6,810
Insurance	6,490	6,525	6,525
Other uses (explain): <u>Dues, client assistance, bank charges, &amp; direct mail etc..</u>	31,311	37,085	55,606
<b>Total Agency Budget:</b>	<b>\$550,734</b>	<b>\$576,761</b>	<b>\$603,552</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

Santa Barbara Rape Crisis Center has a diverse array of funding sources, and each funding source is critical to SBRCC's ability to provide quality services. If any revenue stream decreases, SBRCC looks carefully at how to continue service provision by augmenting other sources of revenue. In addition to the City of Santa Barbara, SBRCC receives program support from the California Emergency Agency Management Agency (CalEMA), the Department of Health Services (DHS), Santa Barbara County, Santa Barbara County's United Way and private contributions. Specific factors that have and will impact our budget are SBRCC's increase in rent, the lengthy reimbursement process for CalEMA, decreases in funding from both CalEMA and DHS. For example, DHS has given us about a 35% decrease from the previous year.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

SBRCC would continue to provide counseling services as needed; however the quantity of sessions may be limited if full funding is not available for the program. Staff members may have to refer clients to other agencies or SBRCC may have to develop a waiting list for counseling services. Further, SBRCC will continue to seek funding from other public or private sources; however funding opportunities are few.



**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Santa Barbara Rape Crisis Center

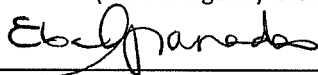
\_\_\_\_\_  
(Name of Agency)

Elsa Granados

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)



\_\_\_\_\_  
(Agency Official Signature)

1/27/12

\_\_\_\_\_  
(Date of Signature)

805 963-6832

\_\_\_\_\_  
(Telephone Number of Agency Official)

elsa@sbrcc.net

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Amanda Lopez-Solis  
 depose and say that I am President  
 [insert title, President, Vice President, etc.] of Santa Barbara Rape Crisis Center  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ [insert name and address of Agency].

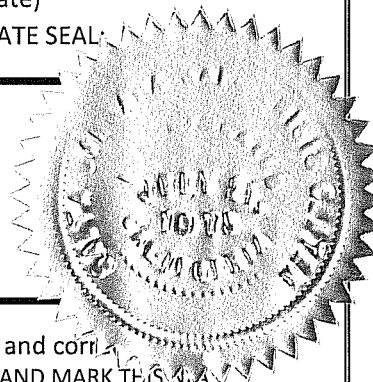
The other members and officers of the Board of Directors of this Agency are:  
 (Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Amanda Lopez-Solis</u>	<u>President</u>	<u>Oct. 2014</u>
2. <u>Chris Linz</u>	<u>Vice-President</u>	<u>April 2013</u>
3. <u>Leticia Anguiano</u>	<u>Treasurer</u>	<u>April 2013</u>
4. <u>Ann Endress</u>	<u>Secretary</u>	<u>April 2013</u>
5. <u>Charlotte Ellen</u>	<u>member</u>	<u>Oct. 2012</u>
6. <u>Jose Juan Ibarra</u>	<u>member</u>	<u>June 2014</u>

DATE: 1/19/12

AT: Santa Barbara & California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
 (MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

*Amanda Lopez-Solis*  
 Signature

Amanda Lopez-Solis, President  
 Print Name and Title

Board of Directors Affidavit

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Term Expires:

Cristi Michelin                      Member                      February 2014

Mary O’Gorman                      Member                      May 2014

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured"
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**



COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM

Project Proposal for Program Year 2012-2013

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

Logged

Scanned

Total Requested Program Funding by Jurisdiction:  
(Check all that apply)

Santa Barbara County \$ \$10,000  
 Carpinteria \$ \_\_\_\_\_  
 Solvang \$ \_\_\_\_\_

Are you also applying for program funding through any of  
the listed jurisdictions' NOFAs? (Check all that apply)

Goleta \$ \_\_\_\_\_  
 Lompoc \$ \_\_\_\_\_  
 Santa Maria \$ \_\_\_\_\_

**Section A – General Program Information Summary**

1. Program Title: Peer Street Outreach Program
2. Brief Summary of the Program: Peer Street Outreach identifies chronic homeless individuals, builds trust & rapport, provides for basic needs and make appropriate referrals
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) Carp/Sumland/Mont/Goleta/SB

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: WillBridge of Santa Barbara, Inc.
2. Are you a 501(c) organization?  yes  no  
(All agencies must complete a Board of Directors Affidavit on page 14)
3. Address of Organization:
  - a. Street: 2904 State Street Suite # A
  - b. City: Santa Barbara State: CA Zip: 93105
4. Mailing Address (if different from above):
  - a. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Lynnelle Williams
- b. Relationship to Agency: CEO
- c. Street: 2904 State Street Suite/Apt. # A
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 564-1911 Ext. \_\_\_\_\_
- f. Fax: (805) 564-1933
- g. E-mail: lynnelle@willbridge.sbcoxmail.com

6. Name and contact information of Fiscal Agent:

- a. Name: Colette Covington, CPA
- b. Agency / Organization: WillBridge of Santa Barbara, Inc.
- c. Street: 2904 State Street Suite # A
- d. City: Santa Barbara State: CA Zip: 93105
- e. Work Phone: (805) 564-1911 Ext. \_\_\_\_\_
- f. Fax: (805) 564-1933
- g. E-mail: colette@willbridge.sbcoxmail.com

7. Organization's Federal Identification Number (Tax ID #) 57-1194195

8. Agency Organizational DUNS number: 14-691-9712  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: # \_\_\_\_\_

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

WillBridge used statistics derived from several sources that concluded the same facts: (1) a nationwide study where it is estimated that 10% -15 % of the homeless population is chronically homeless, and that they consume 50% to 65% of the resources directed towards aiding homeless people. Santa Barbara County's research presents a conservative number of 6,900 of which 945 (13%-15%) present as chronically homeless. This specific group of homeless individuals usually struggle with mental health issues and in many cases addiction.

WillBridge target population is chronic homeless mentally ill adults.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

To end chronic homelessness in Santa Barbara County, dozens of community leaders came together in 2006 to create a Ten Year Plan to End Homelessness. By their most recent estimate is 6,900 individuals experience homelessness each year in Santa Barbara County. About 945 (13%-15%) of these are chronically homeless with mental health disorders. Unfortunately, our shelters do not serve even half this population. Too many homeless people live in neighborhoods, alleys parks, and beaches on the south coast. Chronically homeless people with substance abuse and mental illness are often not accessible to shelter services. Innovative and creative ways need to be developed to access those hard-to-reach individuals. The Peer Street Outreach Program (PSOP) utilizes former homeless individuals as Peer Counselors who are regarded by the community as people who have been there before and who are coming back to the streets to help others. Peer Counselors recognized are recognized by the community as "one of us" instead of "one of them" can best establish the trust and rapport required to meet, with quality and depth, the needs of the hard-to-reach individuals.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

Outreach is a challenging job since chronic homeless mentally ill individuals are an extremely difficult population to reach and often reject assistance. However, WillBridge has made inroads to connecting with and engaging the chronically homeless through a team approach. Staff includes two Peer Counselors and two Community Coaches. That mobile team (van) goes out on Mondays and covers Carpinteria, Summerland, Montecito, Goleta and Santa Barbara. The "Art in the Park team meet clients on Fridays at Pershing Park from 10:00am - 2:00pm. Each week the clients are introduced to a very informal and relaxed atmosphere that encourages them to explore their artistic gifts and talents.

The second goal of PSOP is to get Santa Barbara community members involved. There are many service resistant individuals throughout the community that are very deliberate in their seclusion from the larger homeless population. They choose to find shelter in secluded residential neighborhoods (Hollister Avenue, Cathedral Oaks, Mesa, San Roque, etc.). No other outreach team uses this approach. WillBridge outreach teams educate businesses and community members about our homeless referral form posted on the website. The completion of a simple form or phone call with a description, location and any other pertinent information that can be shared will prepare the outreach team to make initial contact.

The goal of PSOP is to identify & assist chronically homeless individuals, connect them to services & housing. The requested funding will be used for outreach salaries, transportation & client assistance.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

WillBridge employs one full-time staff: Executive Director (who holds a masters degree in Public Administration & has over 25 years of experience working with the homeless); Part-time employees: Program Coordinator (Alcohol & Drug Counselor) & has over 5 years working with the homeless); Community Coach (holds a masters degree in Social work & has over 16 years experience of working with the homeless); 2 Peer Counselors (former homeless individuals under the training & supervision of the Community Coach).

WillBridge is currently revising its employee handbook that will include personnel policies with an affirmative action plan grievance procedure.



5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

WillBridge provides four primary community services - we manage two types of housing: Transitional Housing and Permanent Supportive Housing. We conduct Outreach to mentally ill homeless adults living on the Street to try to encourage them to come to a shelter and provide them with access to community services. Finally, we provide medical respite beds for homeless people coming out of the hospital who require care before they are fully recovered and can care for themselves.

During 2011 WillBridge

Housed 51 residents and provide 6,236 units of service (bed nights)

Transitioned 19 individuals into permanent supportive housing units; 12 individuals to permanent housing; 7 individuals to residential programs; one individual relocated to another state; and housed 13 medical respite clients referred by Cottage Hospital.

*"Add in the part."*

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

WillBridge has several markers to determine success: 1) The number of monthly contacts duplicated and unduplicated; 2) The acceptance of initial help, i.e. clothing, food, medical, attention, etc.; 3) Use of referrals for service; 4) Appointments kept; 5) Admission into a detox program; 6) Admission in to a residential program; 7) Transition from the street into permanent or permanent supportive housing; 8) A call for help; 9) Homeless client expresses trust in Outreach Workers to show up weekly 10) Feedback from other service providers and Police Officers.

WillBridge definition of success is two-fold: (1) There is the success of the outreach teams work that is seen through the positive change in a client's life. (2) Success is eminent when as individual raises their level of self-awareness and acquires a new perspective on life, this is evidenced by the new choices they make.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

There are no service fees for Outreach services

Transitional housing program fee is \$775.00 per month for room & board

Permanent supportive housing program; (1) Subsidized by the Santa Barbara City Housing Authority - residents are required to contribute 30% of their income towards housing expenses (2) Subsidized by Housing & Urban Development (HUD) residents are required to contribute 30% towards their housing expenses.

WillBridge offers housing at the cost of \$25.00 - \$27.50 per night depending on the housing program and number of days in the month compared to: \$674.00 daily at a Psychiatric Health Facility; \$1,600.00 daily at Cottage Hospital; and \$86.00 daily at Santa Barbara County jail.

## Section D – Beneficiary Information

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

## 2. Ethnicity and Race

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: N/A
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 300
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: N/A
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: N/A
- e. **Total persons benefiting from this project:** 300

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Our current budget reflects an increase of eight people in WillBridge's housing capacity as a result of a HUD grant in the amount of \$123,519 over a two year period. In addition funding from the Women's Fund in the amount of \$65,000 restricted for capacity building & the opening of our State Street permanent supportive housing facility over a two year period. WillBridge financial records are kept on Quickbooks & maintained by WillBridge CPA. Checks are prepared by CPA & signed by the ED in conformance with board. Monthly financial reports are submitted to the board showing results of operations comparison to prior year & variances from budget. Bank statements are reconciled by the board chair and WillBridge CPA monthly. Payroll taxes are paid by ADP & WillBridge 990 is prepared by accounting firm Peri & Alvarez.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
County CDBG	Peer Street Outreach	Salaries Supplies Transportation	2008-2009	\$9,000
County CDBG	Peer Street Outreach	Salaries, Supplies, Transportation	2009-2010	\$9,000
County CDBG	Peer Street Outreach	Salaries Supplies Transportation	2010-2011	\$15,000
County CDBG	Peer Street Outreach	Salaries Supplies Transportation	2011-2012	\$6,849

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? 12/31/2012
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
990 - 1/1/2010-12/31/2010 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 10

11. How often does your Board of Directors meet? Once a month

12. Does your Board of Directors have an audit committee? No

13. Describe the financial expertise currently serving on your Board of Directors. The board treasurer is a financial planner

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Colette Covington, CPA - WillBridge staff  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	\$15,000	\$6,849	10,000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	0	0
Other local cities' funds:	\$15,399	0	0
County Human Services Program funds:	0	0	0
Other Federal funds:	0	\$5,430	\$5,431
State funds:	0	0	0
Private trusts and foundation funds:	0	\$13,721	\$8,269
Donations:	0	0	\$13,975
Special fundraising events:	0	0	
Client fees:	0	0	0
Other funds (explain): _____ _____	0	0	0
<b>Total Project Budget:</b>	<b>\$30,399</b>	<b>\$26,000</b>	<b>\$37,675</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	\$5,904.46	\$4,568.00	\$9,000.00
Consultants and Contracts	\$9,054.54	\$8,920.32	\$15,175.00
Facility, Utilities, Maintenance			
Telephone, Fax			
Supplies			\$1,000.00
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training	\$8578.45	\$7,415.77	\$7,000.00
Equipment Rental/Maintenance			
Insurance			
Other uses (explain): <u>Client Assistance</u> _____	\$5,563.58	\$5,024.53	\$5,500.00
<b>Total Project Budget:</b>	<b>\$29,101.03</b>	<b>\$25,928.62</b>	<b>\$37,675.00</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	\$22,000	\$26,827	\$13,250
CDBG funds requested for this program from other jurisdictions	\$16,682	\$16,375	\$21,750
Other local cities' funds:			
County Human Services Program funds:			
Other Federal funds:	\$23,300	\$40,600	\$61,759
State funds:			
Private trusts and foundation funds:	\$74,532	\$70,871	\$72,000
Donations:	\$15,768	\$12,650	\$15,670
Special fundraising events:	\$12,776	\$9,933	\$14,500
Client fees:	\$123,928	\$116,510	\$147,071
Other funds (explain): <u>Contracts</u>	\$89,220	\$77,484	\$88,500.00
<b>Total Agency Budget:</b>	<b>\$378,206</b>	<b>\$371,250</b>	<b>\$434,500</b>

*NET OF EXPENSES*

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	\$121,334	\$171,572	\$207,535
Consultants and Contracts	\$35,556	\$29,648	\$27,640
Facility, Utilities, Maintenance	\$137,448	\$128,404	\$130,154
Telephone, Fax	\$5,649	\$3,138	\$4,634
Supplies	\$7,958	\$13,293	\$15,000
Postage & Shipping	\$1,509	\$1,066	\$1,500
Marketing (Printing, Advertising)	\$4,888	\$860	\$2,000
Travel, Mileage, Training	\$8,578	\$7,515	\$10,000
Equipment Rental/Maintenance			
Insurance	\$7,495	\$17,955	\$16,237
Other uses (explain): <u>client assistance, dues &amp; fees, fundraising, misc.</u>	\$19,244	\$8,524	\$15,166
<b>Total Agency Budget:</b>	<b>\$349,659</b>	<b>\$381,975</b>	<b>\$434,500</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

WillBridge is fortunate to be a recipient this year of a HUD grant to open a new for permanent supportive housing facility. This is a two year grant renewable every two years. WillBridge continues to renew exiting grants and contracts at 90% success rate also identifying and submitting grants to new foundations. Consistency with the existing funding will guarantee ongoing current programs and new funding will allow for the expansion of exiting programs or the implementation of new programs.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

The existing outreach program would be able to continue with fewer hours designated to field work. The outreach teams would continue to canvass the identified areas twice a week. The key to successful outreach is the consistency and trust between the outreach worker and the client. The assurance that the worker/s are available ignites the first spark of hope in the client receiving the services that their life in important and and change.



**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

WillBridge of Santa Barbara, Inc.

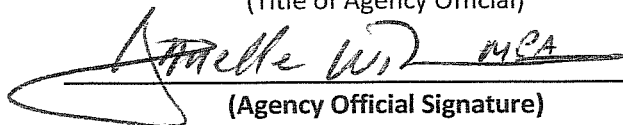
\_\_\_\_\_  
(Name of Agency)

Lynnelle Williams, MPA

\_\_\_\_\_  
(Typed Name of Agency Official)

Executive Director

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

1-26-2011

\_\_\_\_\_  
(Date of Signature)

805-546-1911

\_\_\_\_\_  
(Telephone Number of Agency Official)

lynnelle@willbridge.sbcoxmail.com

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Elizabeth Snyder, MHA  
depose and say that I am Board Chair

[insert title, President, Vice President, etc.] of \_\_\_\_\_  
WillBridge of Santa Barbara, Inc.

2904 State Street, Suite "A" - Santa Barbara, CA 93105

\_\_\_\_\_ [insert name and address of Agency].

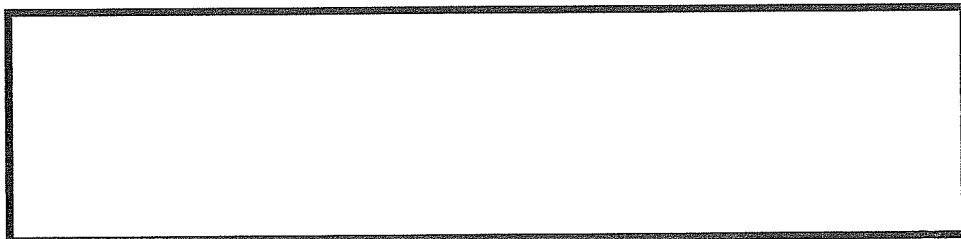
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. <u>Elizabeth Snyder, MHA</u>	<u>Chair</u>	<u>2012</u>
2. <u>Bernelle Williams</u>	<u>Co Chair</u>	<u>2012</u>
3. <u>Julie Woodward</u>	<u>Secretary</u>	<u>2012</u>
4. <u>Tim Morton-Smith</u>	<u>Trasurer</u>	<u>2013</u>
5. <u>Bob Casey</u>	<u>Member</u>	<u>2012</u>
6. <u>Kathleen Baushke</u>	<u>Member</u>	<u>2012</u>

DATE: \_\_\_\_\_

AT: Santa Barbara, California (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Elizabeth Snyder  
Signature

Elizabeth Snyder, MHA  
Print Name and Title

## Additional WillBridge Board of Directors

Name	Title	Term Expires
Owen Scott	Member	2013
Dana Gamble	Member	2012
Joseph Crabtree	Member	2012

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
  - Form 501(c)
  
- Evidence of Insurance**
  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**



**COUNTY OF SANTA BARBARA  
HOUSING AND COMMUNITY DEVELOPMENT  
CDBG PUBLIC SERVICES PROGRAM**

*Project Proposal for Program Year 2012-2013*

FOR OFFICIAL USE ONLY

Rec'd \_\_\_\_\_

Initials \_\_\_\_\_

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**Total Requested Program Funding by Jurisdiction:**  
*(Check all that apply)*

- Santa Barbara County \$ 25,000
- Carpinteria \$ \_\_\_\_\_
- Solvang \$ \_\_\_\_\_

Are you also applying for program funding through any of the listed jurisdictions' NOFAs? *(Check all that apply)*

- Goleta \$ 2,000
- Lompoc \$ 5,000
- Santa Maria \$ 5,000

**Section A – General Program Information Summary**

1. Program Title: Freedom Warming Centers
2. Brief Summary of the Program: The Freedom Warming Centers provide safety, warmth & shelter for the homeless during inclement weather and for those who can't function in a reg. shelter environment.
3. Service Area of Proposed Program (i.e., specific city, countywide, etc.) City of Santa Barbara

**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: The Unitarian Society of Santa Barbara
2. Are you a 501(c) organization?  yes  no  
*(All agencies must complete a Board of Directors Affidavit on page 14)*
3. Address of Organization:
  - a. Street: 1535 Santa Barbara St Suite # \_\_\_\_\_
  - b. City: Santa Barbara State: Ca Zip: 93101
4. Mailing Address (if different from above):
  - a. Street: \_\_\_\_\_ Suite # \_\_\_\_\_
  - b. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Person to Contact Regarding this Application:

- a. Name: Maria W. Long
- b. Relationship to Agency: Freedom Warming Center Coordinator
- c. Street: 1535 Santa Barbara St Suite/Apt. #
- d. City: Santa Barbara State: CA Zip: 93101
- e. Work Phone: (805) 965 - 4583 Ext.
- f. Fax: ( ) -
- g. E-mail: Mariawlong@cox.net

6. Name and contact information of Fiscal Agent:

- a. Name: Nancy Edmundson
- b. Agency / Organization: Unitarian Society of Santa Barbara
- c. Street: 1535 Santa Barbara St Suite #
- d. City: Santa Barbara State: Ca Zip: 93101
- e. Work Phone: (805) 965 - 4583 Ext.
- f. Fax: ( ) -
- g. E-mail: director@ussb.org

7. Organization's Federal Identification Number (Tax ID #) 95-1890767

8. Agency Organizational DUNS number: 170942965  
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register)

9. Are you registered with the California Attorney General Registry of Charitable Trusts?  yes  no

10. If yes to question 10, please provide your Registry of Charitable Trusts Registration Number: #

**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program (150 words or less)

The Freedom Warming Centers program provides emergency safety, warmth and shelter for chronically homeless, at-risk homeless individuals, and families who have no shelter and insufficient warmth in severe weather conditions. The program provides safety and dignity for those who have no safe place to sleep, and are often incapable of functioning in a regular homeless shelter environment. Providing warmth and safe place to sleep, on nights with dangerous weather conditions saves lives and relieves suffering for our neighbors without homes.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need (200 words or less)

Many homeless individuals cannot live within the regular shelter system due to shelters' maximized capacity, severe mental illness and/or chronic substance abuse. Their only alternative is to live on the streets thus exposing them to extreme weather conditions.

A recent measurement by Santa Barbara County Mental Health and the May 2011 Common Ground show that there are approximately 1536 homeless residing in SB County. Of the total homeless, 932 are vulnerable with a high mortality risk, 270 live on the streets and 291 utilize shelter services.

Freedom Warming Centers is the only program in the City of Santa Barbara that solely focuses on providing emergency accommodations and safety to chronically homeless individuals, without expectations of reform or rehabilitation.

Methodology & Resources: Outreach to prospective guests is done through the 211 system as well as an extensive countywide email notification list to outreach workers, mental health service providers, and public agencies. Flyers and posters are also used by outreach workers and posted at the Santa Barbara Public Library. In addition, press coverage significantly spreads the word. Doctors Without Walls provides medical care and referral services to guests as needed.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.** (250 words or less)

The \$25,000 in requested grant funds will be used specifically for the operations of the Freedom Warming Centers. This includes salaries for on-call center staff (\$36,000 budgeted for 2011/12).

Warming Centers are open from December 1 until March 31 under these three forecasted conditions as guidelines (72-hours prior): forecasted rain greater than 50%; forecasted rain with temperatures below 40 degrees; or forecasted cold predicted below 35 degrees. When the Centers are open, they are open from 6:00 p.m. to 6:00 a.m.

The Warming Centers are staffed by two paid professionals, working in pairs for 12-hour shifts. Most of the staff members have previously worked in regular shelters. Staff are monitored and supported by the Project Coordinator and monitored nightly by a Program Director during times of operation.

Upon arrival, guests are asked to check in and provide their name, date of birth, and how they heard about the Center. Staff record gender, age and ethnicity. At 6:00 a.m., when guests depart, results are

The Freedom Warming Centers currently provides 1455 beds for 55 nights in Santa Barbara, Isla Vista, Santa Maria and Lompoc. In 2010-11, centers operated for a total of 35 nights.

4. Personnel/Staff Capacity: Briefly describe the agency's existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (200 words or less)

Contracted staff positions include a part-time Project Director and part-time Program Director. Project Director Maria W. Long, M.A. has worked in nonprofit upper management level positions for the past 13 years for the Council on Alcoholism & Drug Abuse and, most recently, as Executive Director for Court Appointed Special Advocates. Program Director Ed Wesson has worked with the homeless for almost 10 years in the capacity of outreach, advocacy, and case management.

The ten person on-call staff that man the centers have all worked within the shelter system and 80% have experienced homelessness themselves.

Freedom Warming Centers does not currently have a personnel policy manual with an affirmative action plan and grievance procedure. The Unitarian Society of Santa Barbara, Fiscal Agent does.



5. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?  yes  no
6. Describe the unit of service, other than persons, to be provided by the proposed program. (i.e. meals served, shelter bed nights, rental assistance, utility payment, etc.) (150 words or less)

Services includes 145 beds for 55 nights of shelter, insurance, staffing for Santa Barbara, IV, Santa Maria and Lompoc, supplies, transportation costs, an administrative fee to USSB, and Program Director and Coordinator costs.

7. What **outcome measures** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.* (250 words or less)

Once a center is activated, staff complete an informal check in process with each guest. Guests are asked to volunteer their name, date of birth, and how they heard about the center. Staff also identifies gender, age & ethnicity, disability, handicap, or if they are a veteran. Our evening on-call staff know many of our guests by name and can watch for significant changes in health conditions or mental state.

Measurements:

1. Nightly the total number of guests served throughout all the county of Santa Barbara.
2. Weekly how many people are sheltered and the effectiveness of outreach efforts.

Final measurements:

The number of guests served, by center and the likely reduction of mortality rates during the winter season.

8. Is there a fee charged or donation suggested for your services?  yes  no  
If yes, attach a copy of the fee schedule, and describe pricing methodology in the space below. (150 words or less)

There is no fee charge for Freedom Warming Centers services.

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### **Section D – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project. **Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

Program service area has been identified and determined to be statistically low-income based on the 2010 Census. (Please attach map to allow us to determine Census Tract eligibility.)

**Low/Moderate Income Limited Clientele (LMC)**

**Self Certification:**

yes  no

Clients independently “self-certify” on a membership form, intake form, etc. (If you use this method, please attach blank intake form.)

**Client Document Review:**

yes  no

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. (If you use this method, please attach blank worksheet.)

**Presumed Beneficiaries:**

yes  no

Clients served are primarily and specifically 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. (If you use this method, please indicate which group.)

Chronically Homeless

2. **Ethnicity and Race**

- a. Does your organization request information on whether your clients are of Hispanic ethnicity?  yes  no

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  yes  no

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

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### 3. Additional Beneficiary Information

- a. Number of persons during one grant year able to access a **new** public service program that did not previously exist and will be available if this application is funded: 1700
- b. Number of persons during one grant year with access to an **improved or expanded** Public service program if this application is funded: 1700
- c. Number of **new** bed nights during one grant year to be funded in an overnight shelter or other emergency housing facility if this application is funded, if applicable: 1700
- d. Number of **increased** bed nights during one grant year in overnight shelter or other emergency housing to be funded if this application is funded, if applicable: 1700
- e. **Total persons benefiting from this project:** 3500

**Section E - Financial Information**

1. **Financial Capacity:** Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

USSB budget is zero based annually. Revenue is generated by member pledges, donations, endowment distribution and rental income. Expenses are for staff, facilities, programs and debt repayment. The fiscal management is overseen by the Director of Administration, supported by an independent bookkeeper and Board appointed finance committee. Monthly financial reports are reviewed by the Finance Committee and Board of Trustees. Audit Committee oversees an internal audit each year, and an external audit of USSB and USSB Endowment are conducted every third year. The Audit Committee reviews procedures annually, all are based on GAAP. The USSB Endowment fund is overseen by a separate Endowment Board of 4 Directors, appointed by the USSB Board of Trustees.

2. **Federal Grant Experience within past 5 years:**  
*(County & City CDBG/ESG grants are examples of Federal Grants)*

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
City SB CDBG	Freedom Warming Cen	Staff costs for center operations.	July 1, 2011	6000
County SB HS	Freedom Warming Cen	Staff costs for center operations.	July 1, 2011	8350

**Fiscal Year and Audit Reports**

3. What is your agency's fiscal year end date? June 30
4. Please attach a copy of your organizations audited financial statements for the most recent fiscal year beginning after January 1, 2010. *(Please include a copy of the most recent financial audit with your completed application— See Required Attachments).* What fiscal year did this most recent audit include?  
July 1, 2010-June 30, 2011 (Month/Year - Month/Year)
5. Are there any outstanding financial audit findings which remain unresolved?  yes  no  
 If yes, please explain. \_\_\_\_\_
6. Has your agency expended more than \$500,000 in federal funds in its last operating year?  yes  no  
*(Including federal funds expended that were passed through from other agencies, i.e., State of California, City of Lompoc, etc.)*

If you answered "yes" to question 6, please answer questions 7 and 8 below. If you answered "no" to question 6, please proceed to question 9.

7. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  yes  no

8. Are there any outstanding single audit findings which remain unresolved?  yes  no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. If your organization is a non-profit organization, does your organization comply with the following:

a) OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Non-Profit Organizations"  yes  no

b) OMB Circular A-122 "Cost Principles for Non-Profit Organizations"  yes  no

c) OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"  yes  no

d) OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments"  yes  no

e) Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  yes  no

f) Does your organization have any outstanding litigation or other legal issues?  yes  no  
*If yes, please attach written explanation as a separate sheet.*

10. How many members serve on your Board of Directors? 9

11. How often does your Board of Directors meet? Monthly

12. Does your Board of Directors have an audit committee? yes

13. Describe the financial expertise currently serving on your Board of Directors. Investment Executive Assistant, small business owners, attorney (2), Cottage Hospital V-P; Board members receive annual training

14. What financial experts currently serve in an advisory capacity to your Board of Directors? Please list and provide contact information.

Thomas Ridge, CPA 638 Lindero Canyon #391 Oak Park, CA 91377

Ken Saxon 270 Santa Rosa Lane, SB CA 93108 kensaxon@silcom.com

Dick Jensen 1505 La Coronilla Dr., SB CA djensen@silcom.com

Cindy Young, Accountability Plus 805 895-4110 cayoung@mail.com

15. Please provide the names and contact information of the Board of Directors and the Officers on a separate sheet.

**Section F – Program and Agency Revenue and Expense Information**

**I. Funding Sources for Proposed Program Only**

<i>Sources of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG Public Services funds:	0	0	25000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	6000	22000
Other local cities' funds:	4500	13500	5000
County Human Services Program funds:	0	8350	8350
Other Federal funds:	0	0	0
State funds:	0	0	0
Private trusts and foundation funds:	0	25000	25000
Donations:	867	0	9973
Special fundraising events:	0	2951	15000
Client fees:	0	0	0
Other funds (explain): <u>County General Funds</u> <u>Faith Communities- 2012-2013</u>	51781	25000	5000
<b>Total Project Budget:</b>	<b>57,148</b>	<b>80,801</b>	<b>115,323</b>

**II. Expenditures for Proposed Program Only**

<i>Uses of revenue to be utilized for this Public Services program</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	2721	5094	5492
Consultants and Contracts	47622	69214	100714
Facility, Utilities, Maintenance			
Telephone, Fax			
Supplies	8665	3375	4648
Postage & Shipping			
Marketing (Printing, Advertising)			
Travel, Mileage, Training	104	300	440
Equipment Rental/Maintenance			
Insurance	1756	2818	4029
Other uses (explain): _____			
<b>Total Project Budget:</b>	<b>57,148</b>	<b>80,801</b>	<b>115,323</b>

**III. Funding Sources for Applicant's Entire Agency**

<i>Sources of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
County CDBG funds:	0	0	25000
CDBG funds requested <u>for this program</u> from other jurisdictions	0	6000	12000
Other local cities' funds:	4500	13500	5000
County Human Services Program funds:	0	8350	8350
Other Federal funds:	0	0	0
State funds:	0	0	0
Private trusts and foundation funds:	84792	126327	150000
Donations:	478396	555729	580000
Special fundraising events:	43078	38000	42000
Client fees:	110931	117604	130000
Other funds (explain): _____ <u>Warming Center Program Donations</u> _____	54543	28851	39973
<b>Total Agency Budget:</b>	<b>776,240</b>	<b>892,561</b>	<b>992,323</b>

**IV. Expenditures of Applicant's Entire Agency**

<i>Uses of revenue to be utilized for Applicant Agency</i>	<i>2010-11 (previous FY)</i>	<i>2011-12 (current FY)</i>	<i>2012-13 (proposed FY)</i>
Salaries, Benefit, Payroll Taxes	462977	568936	625200
Consultants and Contracts	17945	28800	20000
Facility, Utilities, Maintenance	131542	92597	102000
Telephone, Fax	4780	3600	4000
Supplies	29892	32092	35000
Postage & Shipping	2450	1800	2000
Marketing (Printing, Advertising)			
Travel, Mileage, Training	16466	19185	21000
Equipment Rental/Maintenance			
Insurance	12013	12800	14000
Other uses (explain): <u>Warming Center Program</u> <u>USSB programs</u> _____	98175	132751	169123
<b>Total Agency Budget:</b>	<b>776,240</b>	<b>892,561</b>	<b>992,323</b>

1. Describe your agency's short to mid-term financial forecast: What factors are causing your agency's budget to increase, decrease, or remain level in the next three years? (150 words or less)

The Unitarian Society of Santa Barbara is on solid financial ground, with no debt on its properties, and a growing membership with a stable and expanding donor base and endowment fund. The agency expense budget in 2011-2012 expanded to provide for an additional minister position and increased hours to music staff, and interest payments on a bank loan (unsecured by property) related to purchase of an additional property. The expense budget also expands to accommodate the development of the Warming Center program. The additional revenue to meet the increase in expenses is generated from growing membership, additional fund raising, and draw on funds accrued in prior years for these purposes. Future year budgets are projected to increase due to growing membership, donor base and programs.

2. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  yes  no  
Please explain what services can be offered with lower funding. (150 words or less)

The same services will be offered but the amount of days the centers will be open will decrease according to available funding.



**Section G – Certifications – All certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. 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;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

Freedom Warming Centers

\_\_\_\_\_  
(Name of Agency)

Nancy Edmundson

\_\_\_\_\_  
(Typed Name of Agency Official)

Director of Administration

\_\_\_\_\_  
(Title of Agency Official)

  
\_\_\_\_\_  
(Agency Official Signature)

01 - 27 - 2012  
\_\_\_\_\_  
(Date of Signature)

805.965.4583

\_\_\_\_\_  
(Telephone Number of Agency Official)

director@ussb.org

\_\_\_\_\_  
(Email address of Agency Official)

**BOARD OF DIRECTORS AFFIDAVIT**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the County of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee Susan Neufeldt  
depose and say that I am President  
[insert title, President, Vice President, etc.] of Unitarian Society of Santa Barbara  
(Fiscal Umbrella) Freedom Warming Centers, 1535 Santa Barbara Street,  
Santa Barbara, CA 93101  
\_\_\_\_\_ [insert name and address of Agency].

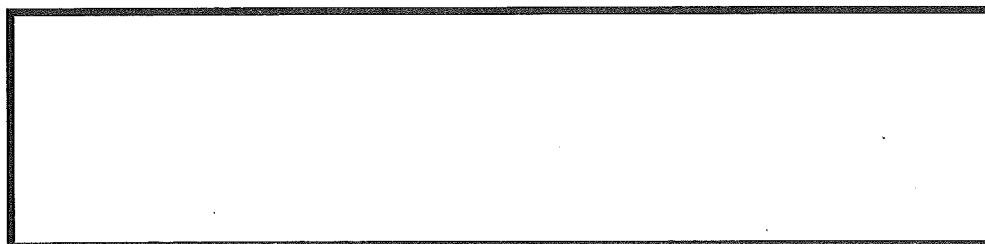
The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. (Sheet attached)	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**DATE:** January 26, 2012

**AT:** Santa Barbara, CA (City & State)

**APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:**



I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

Susan Neufeldt  
Signature

Susan Neufeldt, President  
Print Name and Title

**CHECKLIST OF REQUIRED DOCUMENTS**

*Note: This completed checklist must be turned in with application.* The documents listed below are required of Agencies applying for CDBG Public Service funds:

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  - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
  - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
  
- Most recent financial audit**
  
- Program fee schedule, if applicable**
  
- Explanation of outstanding legal/litigation issues, if applicable**
  
- Blank client intake form, with self-certification of eligibility status, if applicable**